

**Parents/Carers of Year 7 Students**

Our Ref: NHU/lmh

21<sup>st</sup> September 2019

Dear Parents/Carers

**Whole Cohort Trip - Sleeping Beauty - Wednesday 11<sup>th</sup> December 2019  
Wyvern Theatre, Swindon,**

It is with great pleasure that, as part of a Personal Development Day, the Drama Department at Hanham Woods Academy are able to offer our Year 7 Drama students, an opportunity to attend a 2pm matinee performance of *Sleeping Beauty* at Wyvern Theatre, Swindon on Wednesday 11<sup>th</sup> December 2019.

This is an ideal opportunity for your child to enjoy a culturally rich, creative experience, which includes coach travel arrangements from the Academy to the Wyvern Theatre and return journey.

The cost of the trip is £21.00 and your child's attendance will need to be confirmed by Friday 12<sup>th</sup> October at the very latest. Details of travel times back to the Academy will be sent out in early December, however, this is expected to be approximately 6.00pm.

In order to secure a place for your son/daughter on this trip, please follow the instructions below **by no later than Friday 12<sup>th</sup> October 2019**. Failure to meet this deadline may result in your child not being able to participate.

1. Please go to <https://www.scopay.com/hanham> to give your consent and to make payment. If you do not have a log in for the online payment system, please contact the Academy.
2. Please complete and return the enclosed Medical & Essential Information Form, either by email or by printing and returning to the Academy Reception.

If your child is in receipt of Pupil Premium, you may be eligible for financial assistance and we will endeavour to assist you, to ensure your child's attendance on the trip is secured.

If there is any difficulty meeting payment for this trip, please do not hesitate to contact either myself, or the Finance Department at the Academy. This will be an exciting experience for all and we would like to make sure your child does not miss out.

If you have any queries in relation to the trip itself, please feel free to contact me via email at [Nicola.hurrell@clf.uk](mailto:Nicola.hurrell@clf.uk)

Yours sincerely



**Mrs Hurrell  
Head of Drama**

**Essential Information Form  
2019/2020**

STUDENT NAME: ..... TUTOR: ..... YEAR: .....

**1. MEDICAL INFORMATION**

Please advise us of any health issues that the Visit Leader should be aware of (e.g. asthma, epilepsy, medication carried, allergies to food/medicines, dietary requirements) – please continue on a separate sheet if there is insufficient room here.

My child uses an Inhaler

My child carries an EpiPen

Do you give permission for staff to administer non-prescribed drugs for example in the event of a bee sting? YES/NO

If yes, are there any medications you child cannot have?

**2. EMERGENCY TREATMENT**

Staff will attempt to contact you in advance of treatment but this may not always be possible. Please provide emergency contact numbers:

Emergency Contact 1:

Name .....

Relationship .....

Phone No .....

Phone No .....

Emergency Contact 2:

Name .....

Relationship .....

Phone .....

Mobile .....

GP Address and Phone No .....

**3. GETTING HOME**

For Trips and visits returning to the Academy after 3.30 pm please indicate how you child will get home.

I will collect my child from the Academy.

I give permission for my child to walk home from the Academy.

**Medical  
&  
Essential Information Form  
2019 - 2020**

**4. DECLARATION**

As Parent/Carer of ..... I have read, understood and I am satisfied with the details supplied about the above mentioned trip/activity and assessed risks associated with it and I agree to him/her taking part. I agree that:-

- My son/daughter is fit to participate in the activities described
- He/she will comply with any special conditions applicable and that any unacceptable or bad behaviour which exists or reoccurs during the visit/activity may lead to him or her being excluded and mechanisms put in place to return persistent offenders home with associated costs borne by the Parents/Carers of that student
- If your child requires an inhaler/Epi Pen they will have it in their possession for the duration of the visit.
- If I cannot be contacted, I give permission for any emergency dental or medical treatment that is considered necessary by the medical authorities present, to be authorised by the party leader whilst the group is away from home AND for staff to administer non-prescribed drugs, e.g. in the event of a bee sting or headache.

Parent/Carers Name ..... Date .....

Signature .....