

4<sup>th</sup> March 2019

Dear Parents and Guardians

**Year 11 - Bluewater Trip 5<sup>th</sup> April 2019**

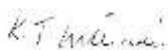
In order to celebrate the hard work and anticipated examination success of Year 11, I have planned a day trip to Bluewater Shopping Centre on Friday 5<sup>th</sup> April 2019. Students need to arrive in school at 7.30 am to enable the coaches to leave at 7.45 am. We are returning at about 5.30 pm. I am pleased to confirm that your child is therefore eligible for a provisional place on the trip.

The total cost of the trip is £16.00. This must be paid by Friday 22<sup>nd</sup> March. A cheque will only be accepted if it has the name of your child and trip written on the back. It needs to be accompanied with the permission slip below and the completed medical consent form. Cheques must be payable to Springwood High School Academy Trust. This must be placed in the trip box which is located in Reception. All monies must be paid prior to the trip taking place. If paying with cash this must be the exact amount.

School uniform does not need to be worn, but sensible, comfortable clothes should be worn. Students will need a packed lunch or some spending money to purchase food at Bluewater. Year 11 will be soon be issued with a target card as a method of tracking and boosting performance. I would like to make it clear that I will make the decision regarding who is allowed to attend the trip based on the completion of this card, on the Year 11 February exam results, the 3<sup>rd</sup> reports and behaviour generally. Our new behaviour rules start on Monday 4<sup>th</sup> March and we expect all Year 11 students to adhere fully to these.

**Students who have already paid but are informed that they are not allowed to attend will receive a full refund.**

Yours faithfully



Mrs Williams  
Head of Year 11

✂-----

Please return to the trip box located in reception before Friday 22<sup>nd</sup> March 2019.

**Year 11 - Bluewater Trip 5<sup>th</sup> April 2019**

Name of Student \_\_\_\_\_ Form \_\_\_\_\_

I enclose £16.00 (exact cash only please) or a cheque made payable to Springwood High School Academy Trust

Signed \_\_\_\_\_



**SPRINGWOOD HIGH SCHOOL PARENTAL CONSENT**  
**FOR A SCHOOL VISIT**

*(To be distributed with an information sheet giving full details of the visit) **Completed copies to be taken on visit***

1. **Name & Date(s) of visit** Bluewater – Friday 5<sup>th</sup> April 2019

I agree to \_\_\_\_\_ (name) taking part in this visit and have read the information sheet.

I agree to \_\_\_\_\_ 's participation in the activities described.  
 Date of Birth \_\_\_\_\_

I acknowledge the need for 

Him	Her	Them
-----	-----	------

 to behave responsibly.

**2. Medical information about your child.**

a. Any conditions requiring medical treatment, including medication?  
 If YES, please give brief details: YES / NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Please outline any special dietary requirements of your child and the type of pain/flu medication your child may be given if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For residential visits and exchanges only:**

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last 4 weeks that may be contagious or infectious? YES / NO

If YES, please give brief details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. If swimming or water activities are part of the visit, is your child a competent swimmer or not? YES / NO

e. Is your son/daughter allergic to any medication or suffer from any phobias? YES / No

If YES please specify:

---

---

---

f. When did your son/daughter last have a tetanus injection?

---

I will inform the Group leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

### 3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

I agree to meet the cost if the Group Leader decides that my son/daughter must be sent home before the end of the visit.

Contact Telephone Numbers:

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (Capitals) \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**

