



11<sup>th</sup> September 2019

Dear Parents, Carers and Students

**Trip to Chitty Chitty Bang Bang at the Octagon Theatre, Yeovil on Thursday 17<sup>th</sup> October 2019**

I am delighted to say that we have been able to secure tickets to see Chitty Chitty Bang Bang at the Octagon Theatre in Yeovil on Thursday 17<sup>th</sup> October 2019.

This trip is initially for Year 10 and Year 11 Drama students as part of their GCSE coursework, as they will gain a wealth of knowledge through watching a piece of professional live theatre. It's also a brilliant play and really good fun to watch.

**This trip is also open to Year 9 students, however please be advised that there is a limited availability.**

Please parents bring students to school by 6.15 pm. The performance starts at 7.30 pm and finishes at 10 pm so we would be leaving school promptly at 6.30 pm and should return by 10.40 pm approx.

Students can bring money to buy a snack in the interval. It is important that students understand that they are not able to eat during the actual performance. Students should dress comfortably wearing sensible shoes and ensuring they bring a coat in case of rain!

If you would like ticket(s) please return the attached slip to the school office by Friday 13<sup>th</sup> September.

The cost of the trip will be £25.00 for the day. Your child has indicated that they would like to attend this trip. In order to confirm their place please complete the consent form attached and pay via Parent Pay. Pupils entitled to Pupil Premium should pay £18.75 by Monday 16<sup>th</sup> September.

If you have any questions about the trip, please do not hesitate to contact us at the school.

Yours sincerely

J Pulford  
Trip Leader

# ST DUNSTAN'S SCHOOL

**Educational Visit to: Chitty Chitty Bang Bang, The Octagon Theatre, Yeovil**

**Date: Thursday 17<sup>th</sup> October 2019**

**Name of student:** \_\_\_\_\_ **Tutor Group:** \_\_\_\_\_

**PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT** *This two-page form should be read with the accompanying information/letter about the visit. All sections must be completed. Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.*

## DECLARATION

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to follow all directions and instructions given and observe all rules and regulations governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/establishment if I require further details.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

## Third Part Data Sharing

As this is an off-site activity, there may be a need for us to pass certain data to a third party for example the emergency services in the event of incident requiring these services. The information to be disclosed could include: Name of child, Date of birth, any medical information and other special needs and parental contact information. We also have a legal obligation to enter all details onto a risk management system run by the Local Authority called Evolve. The data on Evolve will be retained in line with Government Legislation.

Under the General Data Protection Regulations you have the right to object for this information to be passed onto these external bodies, however if you decide not to give permission, it may not be possible for your child to undertake the activity.

I give permission for this data to be shared as outlined above

I do not give my permission for my data to be shared as outlined above and understand my child will not be able to undertake the activity.

Having been informed through the details supplied. I consent to my son/daughter taking part in this activity/trip/visit and, This includes consent for him/her to take part in any or all of the activities described.

Full name of parent or carer (print please): \_\_\_\_\_

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

### MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

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2. If your son/daughter has any allergies or is allergic to any medication please supply details:

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3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

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4. Date of your child's last anti-tetanus injection: \_\_\_\_\_

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Family doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the Visit Leader or your child's Head Teacher/Senior Manager prior to the departure date.**

### EMERGENCY CONTACT

Name of Parent/Guardian: \_\_\_\_\_

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

Emergency telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative emergency contact should parents/guardians not be available:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

\_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Headteacher/Senior Manager.
7. **Data Protection.** *The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.*

I confirm that I will pay the total cost of £25.00/we are entitled to pupil premium and will pay £18.75 by Monday 16<sup>th</sup> September.