

10th October 2019

Dear Parents, Carers and Students

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

This is a reminder about the theatre trip next Thursday. 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 are expected to be on the coach by 6.20 pm.

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. This is usual theatre etiquette and must be adhered to. Students should dress comfortably and wear sensible shoes and ensuring they bring a coat in case of rain!

Please return any monies or slips to the school office by Monday 14th October.

Yours sincerely

J Pulford
Trip Leader

ST DUNSTAN'S SCHOOL

Educational Visit to: Chitty Chitty Bang Bang at the Octagon Theatre, Yeovil

Date: Thursday 17th 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

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:

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

3. Is there any possibility that your daughter may be pregnant:

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

5. Date of your child's last anti-tetanus injection: _____

5. 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.*