

22 October 2018

Dear Parents/Carers

Year 10 Visit to Houses of Parliament and London Eye Wednesday 5 December 2018

We have been fortunate to have secured a visit to tour the Houses of Parliament along with a workshop run by the Parliament Education Department. This visit will support students' knowledge and understanding of the process of government.

In order to reach London for our bookings, we will need to leave school at 6.30 am promptly. We will be travelling to London by coach. We anticipate arriving back at school at approximately 9.00 pm. All students will be expected to be in school the following day.

To enhance the visit, we have booked a flight on the London Eye. All students will be expected to wear full school uniform and bring a waterproof coat. A packed lunch is required as well as a small amount of money to purchase any souvenirs and a snack on the return journey.

There are only 50 places available on this trip, please return a completed permission slip to the school reception desk by Friday 9th November when names will be drawn out of a hat. All payments must be received by Friday 23rd November or your child's place will be deferred to the next name on the list.

The total cost of the trip is £28, paid via Parent Pay. For students who are entitled to pupil premium the cost is £14. If you require any assistance with Parent Pay please do not hesitate to contact the school office.

If you have any questions regarding this exciting opportunity, please do not hesitate to contact us.

Yours sincerely

Mrs Jane Manning
Head of Humanities and Languages Faculty

ST DUNSTAN'S SCHOOL

Educational Visit to: House of Parliament & London Eye – Year 10

Date: Wednesday 5 December 2018

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: _____

6. 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.*

**Please return your completed permission slip to the School Reception desk by Friday 9th November.
When your place is confirmed please pay £ 28.00 (£14.00 for pupil premium students) total balance
via Parent Pay by Friday 23rd November.**