



St Thomas More Catholic Voluntary Academy, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: D Redferm

1st October 2021

Author Talks in the Library

Dear Parent/Guardian,

We would like to invite the children to talks held by well-known authors.

The children will learn from a selection of well-known authors via video, what it takes to become a writer. They will also talk about their journey as a professional. The talks will give an insight into why reading is important and encourage those with a passion for reading and writing.

The talks will be held every fortnight on Wednesdays after school 3:10-4:00 in room 106, with the first one being Wednesday 6th October.

The first author talk is David Almond - Author of 'Skillig' and 'My Name is Mina'.

If your child would like to attend the Author Talks, please complete the consent form and return it to the red box at the office.

Thank you

Yours sincerely

Miss Toseland
Learning Resources Manager

PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE

[In order to comply with Health & Safety Regulations we must receive this completed consent form at least 3 school days prior to the date of the Author Talk. NB. Your child will not be allowed to play if you do not comply with this request.]

Student: _____ Form: _____

I am willing for my son/ daughter to take part in the Author Talks.

I acknowledge the need for my child to behave responsibly.

I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? Yes/No

[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? _____

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

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 and have read the attached letter.

Contact telephone numbers:

Work/mobile _____ Home _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website www.st-thomasmore.derbyshire.sch.uk, paper copies are available upon request.)

Signed _____ Date returned _____

Full name (capitals): _____