

Dear Parent/ Carer,

Drop Down Day – Solomon’s Temple – Year 9

We will be taking Year 9 pupils to Solomon’s Temple, Buxton, on our Drop Down Day, Tuesday 11th March.

We will leave school at 1.00pm, walk to Solomon’s Temple and return by 3pm.

We will be outside during that time, therefore it is advised that pupils wear comfortable clothing and suitable shoes for walking.

Pupils are required to bring:

- A bottle of water
- A waterproof coat, sun lotion and a hat (the weather can be very changeable)

Pupils do not need to bring money, as we will not be visiting anywhere to purchase items.

As representatives of St Thomas More Catholic Voluntary Academy, staff on the trip will expect Year 9 pupils to behave to the usual high standards of behaviour. Please complete and return the attached consent form by **Monday 10th March**.

If you have any concerns regarding this, please contact myself in the usual way: jbennett@stm.srscmat.co.uk

Yours faithfully,

Mrs J Bennett
Assistant Headteacher

It is also worth noting that on school trips it may be necessary to share information about your child with the venue, accommodation and transport providers for legal and safeguarding reasons. If required, we may also need to share details about your child with our insurers. As agreed already via a consent form with the school: photographs, videos and recordings may be taken of your child whilst on the trip for use on our social media and/or display within school.

PLEASE RETURN THIS SECTION ONLY TO PUPIL RECEPTION RED BOX – Solomon’s Temple

[In order to comply with Health & Safety Regulations we must receive this completed consent form by the date started on the letter. NB. Your child will not be allowed on the trip if you do not comply with this request.]

Student: _____ Form: _____

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

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.

Please outline any dietary requirements of your child _____

Is your son/daughter allergic to any items including medication? Yes/No

If yes please give details: _____

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 activity.

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.

Emergency contact:

Name: _____

Mobile: _____ Home phone: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

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.stthomasmorebuxton.srscmat.co.uk, paper copies are available upon request.)

Signed _____ Date: _____

Full name (capitals) _____