

12th June 2025

Dear Parent/Carer,

Year 10 Geography Field Trip

Your child is expected to take part in the Year 10 Geography fieldwork visits in the local area during this term. This is a compulsory element of the GCSE Geography course which must be undertaken.

All Geography students will undertake their fieldwork on **Monday 14th July**. This will involve a local river investigation in the afternoon. Students will be in school for lunchtime and will then leave to undertake the fieldwork. Students will return to school for 3:10 to be dismissed.

Pupils will need to wear school uniform plus a coat suitable for the weather on the day. As representatives of the school, we expect all pupils to behave to our usual high standards.

Please return the completed consent form attached to student reception by Monday 30th June 2025.

Yours faithfully

Dr Kelly
Geography Subject Lead

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 trip. 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 **Geography Fieldtrip 14th July 2025**.

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: _____ 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: _____

Full name (capitals): _____