



Educational visit to: Copper Box, Olympic park, Stratford – Tuesday 21st February 2017

CD/SCF

7th February 2017

To Parents/Guardians of Years 7 Students

Dear Parent/Guardian

EDUCATIONAL VISIT TO: Copper Box, Olympic Park, Stratford DATE: Tuesday 21st February 2017

As part of their educational programme we are proposing to take students in Years 7 to Copper Box at the Olympic Park to compete against the best schools at indoor athletics in North East London for a chance to get to Crystal Palace for the London Final. The Group Leader for this visit will be Mr Chandler to whom any enquiries should be directed.

PARENTAL CONSENT FORMS MUST BE HANDED TO MR CHANDLER IN THE PE DEPARTMENT BY FRIDAY 10TH FEBRUARY 2017

Please complete **ALL** sections of the Parental Consent Form, in line with Health and Safety requirements. **Please note that NO student will be allowed to go on this visit unless the Parental Consent Form is completed, signed and returned.**

We will be travelling by school mini bus and intend leaving school at 8.30am. We expect to return to school at **2.00pm** approximately. Your child will be required to wear full PE kit and track suit. They will need to bring with them the following:

- Snacks, a packed lunch and non-fizzy drinks

NB: Please note all personal possessions are taken at your own risk.

Students will be supervised throughout the visit. They must NEVER go away on their own and they will be given clear information about where to contact a member of staff if any problems arise during the visit. Polite and responsible behaviour is expected from all students at all times to ensure that everyone enjoys this educational visit.

Yours sincerely

Mr A Chandler
Head of PE



BEAL HIGH SCHOOL

FORM 5A

PARENTAL CONSENT FOR A SCHOOL VISIT



**ALL INFORMATION REQUESTED ON THIS FORM IS COVERED BY
THE DATA PROTECTION ACT 1998**

VISIT TO:			
AIM/ACTIVITIES:	To compete in indoor athletics against other schools in North East London to get to Crystal Palace for the London Final.		
Date From: 21.02.17	Time: 8.30am	Date To: 21.02.17	Time: 2.00pm

NAME <i>(Please Print):</i>			
FORM:		DATE OF BIRTH:	
Students Mobile number:			
Medical/Dietary Information:			
▪ Any conditions requiring medical treatment, including medication <i>(please state ie; EpiPen etc):</i>			Yes/No
▪ Please outline any special dietary requirements of your child:			
▪ When did your son/daughter last have a tetanus injection?			Date:
Name of Family Doctor:			
Telephone:			
Address:			
Contact telephone numbers during duration of visit:			
Name <i>(Please print):</i>			
Home:	Work:	Mobile:	
Home address:			
Alternative emergency contact:			
Name <i>(Please print):</i>			
Home:	Work:	Mobile:	
Home address:			



Declaration

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.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. The School uses the School Journey Insurance as provided by Zurich Municipal Insurance . Details are available upon request.

I acknowledge receipt of your letter and:

- confirm that I wish my child to take part in this visit;
- agree to my child participating in the activities described;
- return the Parental Consent Form duly completed.

*please delete as required

Signature of Parent/Guardian:.....

Date:.....

**PLEASE RETURN TO MR CHANDLER
IN THE PE DEPARTMENT
BY FRIDAY 10TH FEBRUARY 2017**