



# BEAL HIGH SCHOOL FORM 5A PARENTAL CONSENT FOR A SCHOOL VISIT

BH/SCF

21<sup>st</sup> February 2017

Dear Parent/Carer

**EDUCATIONAL VISIT TO: Redbridge Primary School**  
**DATES: 1<sup>st</sup>/8<sup>th</sup>/14<sup>th</sup>/21<sup>st</sup> March 2017**

As part of their educational programme we are proposing to take a group of students in Year 10 to Redbridge Primary School. The purpose of this visit is for a work based experience in order to see how adults support children in early years settings, how play helps with children's development and to see evidence of development and comparing this to the development milestones. The Group Leader for this visit will be Mrs Bergh to whom any enquiries should be directed.

**Parental Consent forms must be handed  
to Mrs Bergh in the Food & Textiles Department by  
Friday 24<sup>th</sup> 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 walking the short distance to Redbridge Primary School and intend leaving school at **1.15pm**. We expect to return at **3.15pm**. Your child will be required to bring with them the following on these dates:

- Packed lunch and drink
- Note pad and pen/pencil
- Waterproof outdoor clothing in case of poor weather.

***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.

Yours sincerely

Mrs C Bergh  
Head of Food & Textiles/Group Leader



**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**

<b>VISIT TO:</b>			
<b>AIM/ACTIVITIES:</b>	<b>Work based experience</b>		
Date From: <b>1/8/14/21.03.17</b>	Time <b>1.15pm</b>	Date To: <b>1/8/14/21.03.17</b>	Time <b>3.15pm</b>

<b>NAME</b> <i>(Please Print):</i>			
<b>FORM:</b>	<b>DATE OF BIRTH:</b>		
<b>Students Mobile number:</b>			
<b>Medical/Dietary Information:</b>			
<ul style="list-style-type: none"> <li>▪ Any conditions requiring medical treatment, including medication <i>(please state ie; EpiPen etc):</i></li> <li>▪ Please outline any special dietary requirements of your child:</li> <li>▪ When did your son/daughter last have a tetanus injection?</li> <li>▪ Has your child received the MMR vaccination?</li> </ul>	Yes/No	Date:	Yes/No
<b>Name of Family Doctor:</b>			
Telephone:			
Address:			
<b>Contact telephone numbers during duration of visit:</b>			
Name <i>(Please print):</i>			
Home:	Work:	Mobile:	
Home address:			
<b>Alternative emergency contact:</b>			
Name <i>(Please print):</i>			
Home:	Work:	Mobile:	
Home address:			



**Please complete declaration below**

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 London Borough of Redbridge . Details are available upon request.

**I acknowledge receipt of your letter and:**

- confirm that I wish my son\*/daughter\* to take part in this visit;
- return the Parental Consent Form duly completed.

*\*please delete as required*

**PLEASE RETURN TO MRS BERGH IN THE  
FOOD & TEXTILES DEPARTMENT BY  
FRIDAY 24<sup>TH</sup> FEBRUARY 2017**