

**KING EDWARD VI HANDSWORTH SCHOOL
CONSENT FORM – SCHOOL DAY VISITS**

Destination Crescent Theatre, Birmingham		Department History		Code 081109JES	
Aims and objectives Activities The Diary of Anne Frank					
Year group(s) Form(s) Y11			Expected number in party 30 approx		
Group Leader (to whom any correspondence should be addressed) Miss J E Smith					
Other teachers/supervising adults Miss K Limb, Miss L Wheeler					
First aid provision					
Departure	Day Sunday	Date 8 th November	Time 2:30	Parents please note. All visits leave promptly. Please allow sufficient time for your journey to the point of departure.	
From: Meet outside Crescent Theatre, Brindley Place					
Return	Day	Date	Time 16:45 (tbc)	Parents please note Every attempt will be made to arrive promptly. Please note this time and meet the visit on time. Thank you	
To: Collect from Crescent Theatre					
Transport	Minibus		Coach*		Train*
	Underground		Boat*		Foot
					Plane*
					Car
Company*					
Route details					
Please bring	Money for refreshments				
Please wear	Casual clothing				
Cost £ 5:25 Please pay by Parentpay and hand consent form in to the school office by: Friday 18 th September					
I have read, and will abide by, the Governors' Policy on School Visits					
Signed Organiser Date					
I give my permission for this visit to take place					
Signed Headmistress Date					

PLEASE RETURN THE SECTION BELOW ALONG WITH PAYMENT

Destination Crescent Theatre	Code 081109JES	Cash/cheque enclosed £5
<p>I agree to my daughter taking part in the above visit and all activities described. I note the following conditions:</p> <ul style="list-style-type: none"> ◆ once a commitment to go on a visit has been made, this must be honoured; ◆ my daughter will be at the starting point on time and will be met at the stated time; ◆ my daughter may not be under the direct supervision of staff at all times; ◆ school rules apply during the visit, that she will be subject to any local laws and that, in event of serious misbehaviour, I may be required to collect her or pay for her journey home in advance of the group; ◆ staff cannot be responsible for my daughter's property and she should not bring valuables; <p>I agree to her receiving emergency medical treatment, including blood transfusions and anaesthetics, as considered necessary by any medical authorities present in the event of illness. I note that every effort will be made to contact me. I understand that we shall receive any surplus if it is over £5 but that we may be liable for any deficit over £5. Insurance - I understand that my daughter is covered for Personal Accident and that additional insurance is provided by ACE European Group Ltd</p>		
Daughter's name Form		
Details of my daughter's medical conditions are		
I will ensure that my daughter carries with her any medication including Inhalers and Epipen that she requires.		
Signed Father/Mother/Guardian Date		
Emergency telephone numbers during the visit		

