

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

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| Destination LONDON | | Department HISTORY | | Code 300610JES | | | | |
| Aims and objectives Activities VISIT TO THE IMPERIAL WAR MUSEUM, LAMBETH VISIT TO CABINET WAR ROOMS AND CHURCHILL MUSEUM | | | | | | | | |
| Year group(s) Form(s) YEAR 9 | | | Expected number in party 130 | | | | | |
| Group Leader (to whom any correspondence should be addressed) MISS J SMITH | | | | | | | | |
| Other teachers/supervising adults MISS K LIMB, MISS L WHEELER, MRS E BROWN, MISS J CHAPMAN, MR M THOMPSON, MS A LLOYD, MR R DAWES, MR J HAZELTON, MRS T DANKS, MRS F TAYLOR, MR I PARRY, MR R HORTON, MRS M MCGOVERN, MS M POWELL, MISS N SKINNER (4 staff per form in order to meet museum supervision ratios) | | | | | | | | |
| First aid provision STAFF HAVE EPIPEN TRAINING AND BASIC FIRST AID | | | | | | | | |
| Departure | Day WEDNESDAY | Date 30 TH JUNE | Time 7.30am | Parents please note. All visits leave promptly. Please allow sufficient time for your journey to the point of departure. | | | | |
| From: Hall Road | | | | | | | | |
| Return | Day | Date | Time 7:00pm | Parents please note Every attempt will be made to arrive promptly. Please note this time and meet the visit on time. Thank you | | | | |
| To: Hall Road | | | | | | | | |
| Transport | Minibus | | Coach* | • | Train* | | Plane* | |
| | Underground | | Boat* | | Foot | | Car | |
| Company* JOHNSONS COACHES | | | | | | | | |
| Route details | | | | | | | | |
| Please bring | Clipboard/Writing materials / bag / small amount of spending money /sensible footwear / waterproof clothing / camera | | | | | | | |
| Please wear | Casual clothing | | | | | | | |
| Cost £18 Please pay online using ParentPay and hand consent form in to the school office. Payment and consent form due by: THURSDAY 17TH JUNE | | | | | | | | |
| 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 London | | Code 300610JES | | Payment Online £18 | | | | |
| I agree to my daughter taking part in the above visit and all activities described. I note the following conditions: | | | | | | | | |
| <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; | | | | | | | | |
| 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 <i>Alexander and Alexander /</i> | | | | | | | | |
| 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 | | | | | | | | |