

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

Destination Black Country Museum		Department History and ICT		Code HIS151110JES	
Aims and objectives Activities Tour of houses, underground coal mine, lesson in Victorian Schoolroom,					
Year group(s) Form(s) 9		Expected number in party 128			
Group Leader (to whom any correspondence should be addressed) Miss J.E. Smith					
Other teachers/supervising adults Miss K. Limb, Miss L. Wheeler, Mrs. E. Brown, Mr. M. Thompson, Dr. A Crampton, Miss L. Harbutt, Ms. A Lloyd, Mrs. T. Danks, Miss M. Powell					
First aid provision First aiders available on site					
Departure	Day Monday	Date 15 th November	Time 9:00am	Parents please note. All visits leave promptly. Please allow sufficient time for your journey to the point of departure.	
From: Rose Hill Road					
Return	Day	Date	Time 3:35pm	Parents please note Every attempt will be made to arrive promptly. Please note this time and meet the visit on time. Thank you	
To: Rose Hill Road					
Transport	Minibus	Coach*	•	Train*	Plane*
	Underground	Boat*		Foot	Car
Company* Den Caney Coaches Ltd					
Route details					
Please bring	Packed lunch/ clip-board / writing materials / bag / money for souvenirs/sensible footwear / waterproof and warm clothing/camera				
Please wear	Casual clothing – see above				
Cost £12.40	Please pay via Parentpay. Payment and return of consent form is due by: Friday 5th November				
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 TO THE MAIN SCHOOL OFFICE

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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 ACE European Group Ltd			
Daughter's name		Form	
Details of my daughter's medical conditions are (if none, please write n/a)			
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I will ensure that my daughter brings with her any medication including Inhalers and Epipen that she requires.			
Signed		Father/Mother/Guardian	
		Date	
Emergency telephone numbers during the visit			

