



ST ALBAN'S RC HIGH SCHOOL
The Park, Pontypool, Torfaen, NP4 6XG

YSGOL UWCHRADD GATHOLIG SAIN ALBAN
Y Parc, Pontypwl, Torfaen, NP4 6XG

Headteacher: Michael Coady BSc.

8 June 2017

Year 7 Festival Week Trip – Celtic Manor Monday 10th July

Dear Parent/Guardian

As part of festival week Year 7 will be going to Celtic Manor on Monday 10th July. We will leave school at 9.00am and will return in time for the end of the school day. I hope your child has enjoyed this academic year and will be able to take part in the day to celebrate their achievements with the year group.

The cost of the trip will be £35.00 for the Celtic Manor Activities Package and transport. Your child will be taking part in 8 activities including, low ropes, laser combat and archery. For more information please see <http://www.celtic-manor.com/activities>

Pupils will need to bring a packed lunch and wear appropriate clothing and footwear for the activities. If you would like your child to attend please complete the form attached and return to your Form Tutor by Monday 12th June. Payment also needs to be made by 12th June as I must confirm exact numbers with Celtic Manor by Tuesday 13th June.

Our preferred method of payment is via PARENTPAY which is safe, secure and simple. PARENTPAY holds an electronic record of your payments to view at a later date. No card details are stored in any part of the system. You can also make online payments for school meals. Please visit www.parentpay.com enter your USERNAME and PASSWORD today. Please contact the school office if you have any problems

Thank you for your continued support in all aspects of your child's education
Yours sincerely

Miss J. Matthews
Year 7 Form Tutor

Parent/Carer Consent - Non-routine visits FORM 2

(to be distributed with an information letter giving full details of the visit)

Visit/activity: Celtic Manor Date(s): 10th July 2017

Venue: Celtic Manor Date of birth: _____

Your child's name: _____ Form/Class (if relevant) _____

Medical and dietary:

a) Does your child have any medical, physical or behavioural condition that may affect him/her during the visit? YES/NO

If YES, please give details (including medication taken and times):

b) Please give details of any allergies (including allergy to medication):

c) Please list any types of non-prescription medication or lotions your child may not be given:

d) Please give details of any special dietary requirements for your child:

e) Please detail any recent illness or accident suffered by your child that staff should be aware of

f) To the best of your knowledge, has your child been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If yes, please give brief details: _____

h) When did your child last have a tetanus injection? _____

i) Please indicate your child's swimming ability:

Cannot swim Able to swim a little in a swimming pool

Able to swim confidently in a swimming pool

Able to swim confidently outdoors (eg in a lake, river or sea)

Your contact details:

Telephone Home: _____ Work: _____ Mobile: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone: _____
Address: _____

Family doctor:

Name: _____ Telephone: _____
Address: _____

Declaration:

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes.
- I understand the extent and limitations of the insurance cover provided.

Full name of parent/carer (PLEASE PRINT):

Signed: _____ **Date:** _____

TO BE COMPLETED BY PARTICIPANT:

I understand that for the safety of the group and myself I will undertake to obey the rules and instructions of members of staff.

Signed: _____ **Date:** _____