



13th October 2014

Dear Parent/Carer,

BTEC Business Studies Trip – Gilwall Park Activity Centre

I am writing to inform you about a trip your child will be attending as part of their BTEC Business qualification studies.

The trip will take place during school hours on Wednesday the 22nd of October. The group should arrive at school as normal. They will then travel from school by public transport to Gilwell Park Activity Centre, where they will be taking part in outdoor team-building activities. Their work during the trip will be recorded and form part of the evidence for Unit 1: Working in Business Teams, part of the BTEC qualification.

Your child will need to attend school dressed in school uniform as normal. They should bring a bag containing a warm change of clothes suitable for muddy outdoor activities: e.g. tracksuit bottoms, warm jumper, jacket, socks, old trainers/shoes, gloves, hat and scarf.

Your child will be transported back to school before the end of the school day for a review session, and will finish school at 4pm. Lunch will be provided, but your child should bring a bottle of water.

Please complete the form below to give your permission for their attendance, including any medical conditions we should be aware of.

This letter must be returned by **Friday the 17th of October 2014** to Mrs G Toma.

Your sincerely,

Mrs G Toma
SENCo

BTEC Business Studies Trip – Gilwall Park Activity Centre Permission Slip
Please return to Mrs G Toma by Friday 17th October 2014

I give permission for my child to attend the trip to Gilwell Park Activity Centre on Weds 22nd October 2014

Child's name: _____ **Form:** _____

Parent's name: _____ **Parent's phone number:** _____

Does your child have any medical conditions we need to be aware of? (Please complete attached form) _____

Signature: _____ **Date:** _____



Child Medical Information

Has your child had any of the following: (please circle as appropriate)

Asthma or bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies, e.g material, food, insect bites etc	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is **YES**, please give details on a separate sheet which should be firmly attached.

Immunisation Status

Has your child received vaccination against Tetanus in the last five years?	YES	NO
Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?	YES	NO
Has your child been given specific medical advice to follow in emergencies?	YES	NO

If the answer to any of these questions is **YES**, please give details on a separate sheet (including dosage of any medicines/tablets)

Please give this form to Mrs G Toma with permission slip by Friday 17th October 2014.