



29th June 2020

Year 7 Science Trip – Banham Zoo
Tuesday 13th July 2021

Dear Parent/Carer,

The Science Department is offering the opportunity for Year 7 pupils to take part in a trip to Banham Zoo on Tuesday 13th July 2021.

As part of our efforts to increase both pupil and staff safety whilst traveling with their year group peers and teachers, we have taken the decision to complete a Lateral Flow Test (LFT) for all participants in School on Monday 12th July, no further action from yourselves is required - we will organise all.

Pupils will need to bring a packed lunch. If your child receives a free school meal then a packed lunch will be provided, if requested on the reply slip below. This is a non-school uniform trip and students should wear appropriate clothing and shoes that are comfortable for walking. The Zoo is currently operating a card only policy, so there will be no opportunity for purchasing souvenirs or refreshments.

The coach will leave school at 9:00 and will return by 15:00. The total cost of this trip is £14.00.

If you would like your child to attend this trip, please complete the reply slip below, attached medical consent form and return to the trip box in reception by Monday 5th July 2021. Payment can be made via ParentPay.

There are 130 places on this trip and places will be offered on a first come, first served basis.

Yours sincerely,

Mr M Reynolds
Teacher of Science

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Please return to the trip box by Monday 5th July 2021

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Student Name:..... Form:.....

I agree for my child to attend the trip and agree to pay £14.00 on ParentPay

Signed:.....

Free School Meals Only:

My child requires a free packed lunch



ST CLEMENT'S HIGH SCHOOL

PARENTAL CONSENT FOR A SCHOOL VISIT

Please ensure this form is signed overleaf

Student's Name:

Tutor Group:

Trip: Banham Zoo - Tuesday 13th July 2021

Please complete and return to the trip box in the Front Office

CONTACT NAME / NUMBERS

Contact 1

| | | | |
|----------|--|-------------------------|--|
| Name: | | Email Address | |
| Address: | | Home Telephone | |
| | | Work Telephone | |
| | | Mobile Number | |
| | | Relationship to Student | |

Contact 2

| | | | |
|----------|--|-------------------------|--|
| Name: | | Email Address | |
| Address: | | Home Telephone | |
| | | Work Telephone | |
| | | Mobile Number | |
| | | Relationship to Student | |

MEDICAL INFORMATION

Doctor's Name:

Name of Surgery: Telephone Number:

Please CIRCLE the answers which apply

Are there any medical conditions requiring medication **YES** **NO**

If **YES** please give brief details, including medication:

.....

Are there any special dietary requirements? **YES** **NO**

If **YES** please give brief details:

Does your child have any allergies?

YES

NO

If YES please give brief details:

.....
.....

May any pain/flu medication be given if thought necessary?

YES

NO

When did your child last have a Tetanus injection?

.....

FOR RESIDENTIAL VISITS AND EXCHANGES ONLY

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

If YES, please give brief details:

.....

Any other information you think we should know:

.....

DECLARATION

I agree to my child taking part in this visit and have read the information sheet. I agree to my child taking part in the activities described and acknowledge the need to behave responsibly.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the trip organiser as soon as possible of any changes in the medical /or other circumstances between now and the commencement of the journey.

Signed: (Parent / Carer)

Name: Date: