

20th May 2019

Dear Parent/Carer,

History Trip to Parliament

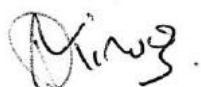
The History Department at The Queen Elizabeth Academy is organising a visit to Parliament for Year 10 History students to learn about the processes of government/Parliament to gain insight into how to country is run. We will be met by our local MP, Craig Tracey, who will give us a historical talk for our understanding of Parliament and its place in British society and then take us on a guided tour.

We will leave school at around 8.45am on Thursday 4th July 2019 and return for around 6pm. As students are representing The Queen Elizabeth Academy they are required to wear school uniform for the trip. Students are required to bring a packed lunch, if your child receives free school meals we will provide a packed lunch for them. In addition, we will stop to purchase food during the day so students may want to bring monies if they want further food during our trip.

The cost of the trip is **£15** which will cover transportation by train and entry to Parliament. Please fill out the reply slip and medical consent form and return these to me and make payment via parent pay selecting: *Yr 10 History Parliament Trip (04/07/19)*.

All Year 10 Historians have the opportunity to take part in this experience but please be aware that places are limited and will be drawn out of a hat should there be more interest than we can accommodate for the visit. Please hand forms back to your History teacher by Friday 24th May 2019. If you have any queries about this trip please contact me at school.

Yours sincerely



Mr Damian Kinvig
Teacher of History

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History trip to Parliament - Thursday 4th July 2019

Please complete and return this slip, together with the attached Medical Consent form to your child's history teacher as soon as possible.

Student Name: Tutor Group:

I give permission for my son/daughter to visit Parliament on Thursday 4th July 2019 and have paid £15 trip cost via ParentPay

Parent/Carer signature: Date:



Consent to Visits, Medical Details and Treatment Form (OSA2)

Visit to:

From: (date) To: (date)

Name of Pupil:

Date of Birth:

Home address:

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Telephone No:

Emergency contact telephone numbers (home / mob / work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor.....

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Known Medical Conditions / Medications:

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Known allergies:

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Are they having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

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Are there any reasons that you know of that stops them from participating fully in the planned activities?

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Are there any activities in which they should not participate?

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Please indicate any special food dietary / requirements (if applicable):

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Other relevant Information:

I wish my child to take part in the educational visit / offsite activity and having read the information provided; agree to them taking part in any or all of the activities described.

I agree to my child receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my child by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to academy staff by the GP if circumstances are deemed necessary and appropriate.

Please note: All educational visits and offsite activities carry some amount of risk.

Your name (Please print):

Signature: Date: