

29th April 2019



The Queen Elizabeth
Academy

**Parents of
Year 10 TQEA History Students**

Dear Parent/Carer

History Visit to the National Maritime Museum, Greenwich, Thursday 13th June

As part of our 'Elizabethan England' GCSE course; students are required to complete a study of a 'historic environment'. This year's chosen study is the 'Spanish Armada in the English Channel' and the National Maritime Museum is offering workshops for students that relate to this and as such we will be visiting this museum on Thursday 13th June. This trip is an important resource of information for our students in the understanding of this aspect of their GCSE course.

We will leave school at 9am by coach and return for 7pm. 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 on the day, however Students who are entitled to a free school meal will have a packed lunch provided.

The cost of the trip is **£10** which will cover transportation, entrance to an exhibition and a workshop. Please fill out the reply slip and medical consent form and return these to your History teacher with payment made via ParentPay (look for the payment line - Y10 History National Maritime Museum) as per school procedure.

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 the National Maritime Museum - Thursday 13th June 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 the National Maritime Museum on Thursday 13th June 2019 and have paid £10 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: