



The Queen Elizabeth Academy
"We Can and We Will"

5th November 2018

Dear Parent/Guardian

Christmas service 21st December 2018 at St Mary's Church, Market Square, Atherstone.

Religious Studies is a subject which encourages students to have an understanding of religions within their local communities. To help understand the religious identity of our community within Atherstone we are organising our annual Christmas service which will take place on 21st December 2018 at St Mary's Church, Market Square, Atherstone. Students will leave during their morning lessons and will return to school by break time.

The students will be walking, accompanied by staff, to the Church and there is no cost for this visit. We would like all the students to attend as the service will be a celebration of Christmas within the local community as well as an opportunity to celebrate the work and performances of some of our students. We welcome parents and members of our community to come and join with the festivities.

Please complete the attached slip and return it to the Academy by 23rd November 2018. The letters can be returned directly to reception for my attention. Thank you for supporting us celebrate Christmas with our local church and assisting our Religious Education department to develop its work with students.

Please contact my PA, Jo Bickley, at school if you have any queries about the visit.

Yours sincerely

Mr D Watts
Principal

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Please hand this slip and the completed medical form into reception.

Fao Mr Watts re Christmas service 21st December 2018 at St Mary's Church, Market Square, Atherstone.

I give permission for **(Student Name):**
to take part in the above trip.

Tutor Group:

Parent/Guardian Signature:

Date:



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

Visit to: St Mary’s Church, Market Street, Atherstone.

From: 9am 21st December 2018

To: 10.45am 21st December 2018

Name of Pupil:

Date of Birth:

Male

Female

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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Is he/she 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 he / she from participating fully in the planned activities?

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Are there any activities in which he / she 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 his / her taking part in any or all of the activities described.

I agree to my son / daughter receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my son / daughter 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: