

22nd March 2018

Dear parent/guardian,

Year 10 Drama Student - Theatre trip

As part of the requirements for GCSE Drama, all students must see a live performance which will inform their examined work as well as broaden students' experience of a range of theatrical genres.

I am very pleased to inform you that this year's year 10 classes have been given the opportunity to watch a performance of a play by a well-known Theatre in Education group called 'Loudmouth Theatre Company'. The play will be performed at the Ratcliffe Centre in Atherstone **on Thursday 29th March.**

Students will depart school at 9.45am and will be supervised by staff whilst walking to the Ratcliffe Centre which is around a 10 minute walk from the school site. The performance will last approximately 90 minutes and therefore students will walk back to school in time for their period 4 lesson.

The performance is free for all students to attend.

Please can the slip below and medical form be returned to reception as soon as possible.

Many thanks



Miss Dunn
Curriculum Leader of Drama

Fao Miss Dunn

I give my consent for my child _____ to attend the performance on
Thursday 29th of March 2018 at The Ratcliffe Centre in Atherstone.

Parental Signature: _____

Print name: _____

Date: _____

TQEA

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

Visit to:

From: (date) To: (date)

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: