

01 December 2022

Dear parent/carer,

**Re:Year 10 and 11 Christmas Reward Trip**

I am delighted to inform you that your child has qualified for a place on our Christmas Rewards and Attendance trip to the Metro Centre on Wednesday 14 December 2022. This trip is to recognise the successes of students who have an attendance figure of 96% and above for this term and have been given fewer than four C4 detentions this term. We are delighted with your child's attendance and attitude this term and would like to offer them a place on the trip. If your child's attendance or behaviour falls below the above figures then they may no longer qualify to attend the trip.

Students should arrive at the academy as normal at 8.20am. The coach will leave the academy shortly after registration and will return at approximately 2:30pm. There is a small charge of £5 which is payable via iPay. Students can either bring a packed lunch to eat at the Metro Centre or can purchase food from the vendors within the centre. If your child is eligible for free school meals and would like to have a packed lunch prepared by school to take with them, please indicate this on the attached consent form.

Students do not need to wear academy uniform for this trip, however they do need to dress in appropriate clothing. Inappropriate items of clothing would be considered as mini skirts, crop tops, revealing clothing and clothing with inappropriate wording, symbols or logos. Suitable footwear should also be worn. If students arrive at school and are felt to be unsuitably dressed, parents will be contacted and asked to bring alternative clothing in for their child.

There are limited places available and these places will be allocated to students on a first come first served basis so **please make sure you return your consent forms as soon as possible and no later than Friday 9 December 2022**. In the unlikely event that low uptake makes the trip unviable, an alternative will be considered.

**Payment of £5 must be made via iPay no later than Friday 9 December 2022. We are unable to accept any cash payments.**

Please do not hesitate to contact me at the academy via [e.dodsworth@normanby.outwood.com](mailto:e.dodsworth@normanby.outwood.com) should you require any further information.

Thank you for your continued support.

Yours faithfully



**Eleanor Dodsworth**  
**Associate Assistant Principal**

**OUTWOOD ACADEMY NORMANBY**

**Health and Safety of Participants on Educational Visits  
PARENT/GUARDIAN CONSENT FOR VISITS/SCHOOL ACTIVITIES**

1. **Details of visit/activity to:** Metro Centre, Wednesday 14 December 2022

I agree to

2. **Name of Participant:** .....

3. **Home Address:** .....

..... **Post Code:** .....

taking part in this visit and have read the information sheet provided. I agree to him/her participating in the activities described and acknowledge the need for him/her to behave responsibly.

**4. Medical information about your child:**

a. Any conditions requiring medical treatment, including medication? **YES/NO**

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

.....  
.....

b. Please outline

• any special dietary requirements of your child .....

.....

c. To the best of your knowledge, has your son/daughter 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: .....

.....

d. Is your son/daughter allergic to any medication? **YES/NO**

If **YES**, please specify: .....

.....

e. When did your son/daughter last have a tetanus injection?

.....

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

**Additional information**

My child is on free school meals, and I would like you to provide my child with a packed lunch

**YES/NO**

**6. Declaration:**

(Note: Details of the visit insurance cover provided are available on request from the school)

I agree to my son/daughter 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.

(A Parent/Guardian wishing to vary the terms of this 'declaration' must state their specific requirements for the attention of staff and medical authorities, preferably also including the reason)

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Signed: ..... Date: .....

Full name (capitals): .....

Home Emergency Contact:

Work: ..... Home: .....

Home address: .....

..... Post Code: .....

Alternative emergency contact:

Name: ..... Telephone number: .....

Address:

.....

..... Post Code: .....

Name of family doctor: ..... Telephone number: .....

Address:

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..... Post Code: .....

Photographs: Please tick this box if you **do not** wish any photographs including your son/daughter to be used for display purposes outside the school.