

8 December 2023

Dear Parent/Carer

**RE: Year 10 Ice Skating/Creams Reward Trip, Peterborough**

We are writing to congratulate your child on their effort, behaviour, and the work that they have completed throughout the first term this academic year.

They have shown a mature, thoughtful, and diligent attitude in their work and general conduct around the Academy.

As a result of this we would like to invite them on a reward trip:

**Date:** Monday 11 December 2023

**Time:** 1.45pm – 5.00pm (approximately)

**Location:** The recently installed Ice rink in Cathedral Square followed by dessert at Creams Café.


**Transport to venue:** School Minibus

**Transport from venue:** School Minibus will return to Academy or parent/carer collection.

The trip will allow all students to ice skate with their peers and feel a sense of the festive period. There will be no cost to the trip, as we want to reward pupils for their efforts so far, this academic year.

As parents you have the option as to whether you would like to collect your child from the venue by your own means, or as an academy we can transport your child via the minibus to and from the venue. If you can please indicate on the attached slip your preferred method.

Yours faithfully



**Mr F Vaughan**  
**Associate Assistant Principal/Head of Year 11**

**PARENTAL CONSENT FORM FOR OFFSITE ACTIVITY  
NON-RESIDENTIAL**

Visit to:

Date and times:

I consent to:  (full name)

taking part in this trip and have read the **accompanying letter**. I agree to him/her participating in the activities described and will arrange for him/her to get to the venue. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

Please indicate how your son/daughter will get home from the venue:

Dropped off/ picked up by parent/carer

Transported back to the academy by mini bus

**Medical information about your son/daughter:**

Date of birth:  (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?  
Yes  No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?  
Yes  No

Is your son/daughter allergic to any medication? eg penicillin  
Yes  No

If yes please give details:

Please outline any dietary needs or food allergies:

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

**Emergency Contact Details**

I may be contacted by telephoning one of the following numbers

Day:  Evening:  Mobile:

Address:

Alternative Emergency contact:

Name:

Relationship

Day:

Evening:

Mobile:

Address:

### Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I agree to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. *The Approval Form*
2. *The Emergency Contact Form*
3. The Risk Assessment Form
4. The Evaluation Form