



Js/Cc  
4<sup>th</sup> December 2019

Dear Parent / Carers

**Re: Carol Concert**

Our musicians will be performing a range of festive items at our annual Carol Concert on Tuesday 17<sup>th</sup> December 2019 in **The Octagon, Bury Road at 7:00 p.m.** We will be rehearsing during the day.

Students need to return to the academy for 6:30 p.m. dressed in academy uniform (added tinsel allowed!) or smart clothes (sixth form students). The concert should be finished by 8:30 p.m. During the evening mince pies and drinks will be served in the Dining Hall.

I would be grateful if you could return the slip below giving permission for your son/daughter to attend the rehearsals and concert.

Yours sincerely

*Mrs J Sayer*

Mrs J Sayer

**Subject Leader Music**

Encs

.....  
**To Mrs Sayer**

**Student's Name** \_\_\_\_\_

**Tutor Group** \_\_\_\_\_

I do / do not give permission for my child to attend the Carol Concert on Tuesday 17<sup>th</sup> December 2019.

**Please delete as appropriate**

I do / do not give permission for my son/daughter to attend rehearsals during the academy day.

**Signed**..... **Parent / Carer**      **dated**.....



**Mildenhall College Academy- EDUCATIONAL VISITS**

**PARENTAL CONSENT FORM (PC/07)**

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Mildenhall College Academy

**VISIT(S) TO:** MCA Carol Concert – Bury Road

**DATE(S) OF VISIT(S):** Tuesday 17<sup>th</sup> December 2019

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academys' governors.

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Home Address**

**Alternative Contact if required**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

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