



Dear Parent/Carer

## Thorpe Park 31<sup>st</sup> March 2020

We are organising the above trip to Thorpe Park on 31<sup>st</sup> March 2020. The trip involves visiting and riding the attractions at the theme park. Students will travel by coach. We will leave MCA at 8 a.m. and return by 8 p.m. Students will need to bring a packed lunch and drink to cover the duration of the trip and are not required to wear uniform.

As the visit will enable the student to complete a challenge from their Personal Development Programme Silver Award, we will not ask for a financial contribution towards this trip.

If your child is entitled to a free school meal and would like a packed lunch provided, please indicate this on the reply slip.

The return slip still needs to be handed to the Academy's Finance Office by Friday 6<sup>th</sup> March to confirm your place.

Should you have any questions about this trip then please contact me via email [kay.finnis@mca.attrust.org.uk](mailto:kay.finnis@mca.attrust.org.uk) or by telephone on 01638 714645.

Yours sincerely

*K.Finnis*

Mrs K Finnis

Youth Award course tutor

### **reply slip**

.....

**Please return to:** Finance Office Bury Road on or before **Friday 6<sup>th</sup> March 2020**

**Re: Thorpe Park      Dates: 31<sup>st</sup> March 2020      Ref: YAW200331**

Student Name: ..... Tutor Group:.....

I give permission for the named student to attend the above trip.

My child is entitled to a free school meal and would like to be provided with a packed lunch. Yes / No

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:** Thorpe Park

**DATE(S) OF VISIT(S):** 31<sup>st</sup> March 2020

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 academy's 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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