

15th November



**DARWEN
VALE**

An Aldridge Community Academy 

Dear Parent/Guardian,

Royal Opera House Trip

I am writing to inform you of an upcoming trip to the Royal Opera House (London) on Thursday 1st December.

Students will watch a performance of ‘Tosca’ and have supervised time in Covent Garden.

Students will need to be at Darwen train station at 6.15am and return to Darwen train station at about 7pm that evening. Students will not be required to wear their school uniform. We will be walking from London Euston to Covent Garden (approximately 30 minutes each way) so appropriate footwear and a warm coat is recommended!

I have secured external funding so there will be no cost to students.

If you would like your child to attend this trip, please complete the three sections below and ensure that your child returns this form to me in room 113 by **Monday 21st November**.

There are only a limited number of places available so we are asking students that wish to attend to write a short statement (a small paragraph maximum) outlining why they would like to be selected to go on the trip. There will be an information evening at Darwen Vale for the parents/guardians of those selected to attend the trip next week.

Yours sincerely,

Mr Freddie Redfern

Head of Humanities

Section 1 – Pupil Details

Name Form

Address

Telephone No

Contact in an Emergency:

Alternative Emergency Contact:

Name

Name

Address.....

Address.....

.....

.....

Telephone No.....

Telephone No.....

Section 2 – Medical Information

- Does your child suffer from any of the following conditions?

Asthma	yes/no	Heart Trouble	yes/no	Bronchitis	yes/no
Chest problems	yes/no	Diabetes	yes/no	Migraine	yes/no
Epilepsy	yes/no	Fainting attacks	yes/no	Tuberculosis	yes/no
Raised blood pressure	yes/no				

If yes to any of the above, please provide details:

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- Does your child suffer from any other condition? Does this condition require medication? yes/no
 If yes, please provide full details:
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- Is your child allergic or sensitive to any medication, insect bites or food? yes/no
 If yes, please provide full details:
-

- Is your child taking any form of medication on a regular basis? yes/no
 If yes, please give full details, indicating the type of medication and dosage:
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- If your child requires inhalers or medication, it is your responsibility to ensure they have sufficient supplies for the duration of the visit/trip.
- To the best of your knowledge, has your child been in contact with any contagious or infectious diseases recently? yes/no

If yes, please give details

Name of family doctor:

Address:.....

Telephone No:

Section 3 – Consent

I confirm that the information in Sections 1, 2 and 3 is correct. I consent to my child taking part in the above visit/trip. I agree to the named party leader exercising parental control and responsibility for my child for the duration of this visit. I declare my child to be in good health and physically able to participate in all the activities detailed in the letter. I agree to my child receiving medication or emergency treatment as considered necessary, including anaesthetic or blood transfusion.

Signed Parent/Guardian Date