



**PEMBROKE**  
A PRIORY ACADEMY

Friday 24th November 2017

Dear Parents/Carers

**Late Night Shopping Trip to Meadowhall**

I am planning to take our students out on an evening Christmas shopping trip to Meadowhall Shopping Centre, Sheffield. I have booked the coach for the evening of Wednesday 13<sup>th</sup> December. We will leave school at 3.30pm and will be leaving the shopping centre at 9.30pm in order to be back at school for 11pm.

Given the nature of this visit, there will be periods of time when students are unsupervised. However, Students will be advised to remain in groups of 3 or 4 at all times and to stay within the confines of the Centre.

In the light of Government directives, to cover costs, parents are asked to make a voluntary contribution of £10 per student, this being the average cost per student in order to make the trip economically viable. This price includes transport costs. There is no obligation to contribute, but equally the visit can only go ahead if there is an adequate level of support. Obviously, should contributions not be sufficient to make the visit economically viable, the school reserves the right to cancel the visit. Although all pupils are invited to take part, please note that the school reserves the right to make the final decision as to whether any student should or should not be involved.

Payment can be made using one of the following methods:

- |                   |   |
|-------------------|---|
| <b>1. Cheque:</b> | Please make out to <b>"The Priory Federation of Academies"</b><br>Please deliver cheques to Student Reception.  |
| <b>2. Cash:</b>   | Please deliver to Student Reception in an envelope clearly<br>labelled with the visit title, your child's name and tutor group.<br>Include a slip to clearly state the total amount included. |

**Consent forms**

Please find enclosed a consent form and an In Loco Parentis form. Please can you complete both forms and return them to Student Reception by **Friday 8<sup>th</sup> December**. Students will not be permitted to go on the visit if the forms are not returned by this date. If you have more than one child taking part in the visit please complete a form for each child. Your support with this is greatly appreciated.

Yours faithfully

Mr C Brewer  
Head of Lower School

**Headteacher:** Mr S Evans

**The Priory Pembroke Academy**, Croft Lane, Cherry Willingham, Lincoln LN3 4JP

**Tel:** 01522 751040 **Email:** [generalenquiries@priorypembroke.co.uk](mailto:generalenquiries@priorypembroke.co.uk) [www.priorypembroke.co.uk](http://www.priorypembroke.co.uk)

The Priory Pembroke Academy is part of The Priory Federation of Academies Trust. For further information please contact

The Priory Federation of Academies Trust, Cross O' Cliff Hill, Lincoln LN5 8PW Telephone: 01522 889977

Registered Company No: 6462935 DfE Registration No: 145052





# PEMBROKE

A PRIORY ACADEMY

**The Priory Pembroke Academy**  
**Educational Visits**  
**Parents/Carers consent form**  
**2017-18**

<b>Student name:</b>		<b>Tutor group:</b>	
<b>Visit details:</b>	<b>Meadowhall Shopping Centre</b>		
<b>Date of visit (or departure date):</b>	<b>Wednesday 13<sup>th</sup> December</b>		

Please sign below if you agree to the following information. If there is any aspect which you do not consent to then please draw a line through the information and write your initials next to it.

- I agree to my child (named above) taking part in this visit. Having received the information given, I agree to their participation in all of the activities described.
- My child is fully aware of their responsibilities and the need to behave in an appropriate manner at all times.
- I am aware that I will be responsible for payment of any damage caused by my child.
- I understand that if my child behaves in an unacceptable manner I may be asked to finance their early return.
- I will only allow my child to travel if fully fit.
- I understand, that given the nature of this trip, there will be periods of unsupervised time, within the confines of the Centre.

### **Emergency medical consent**

I agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In the event of an accident where emergency procedures are not required, it may be necessary to transport a student to a medical centre or hospital.

In these circumstances I give permission for my child to be transported with a member of the Academy staff.

I understand the extent and limitation of the insurance cover provided and understand that I am able to take out further additional cover for my child at my own expense.

### **Unsupervised time**

*On certain educational visits students may be given time to explore in small unsupervised groups (never alone). The group leader will set clear guidelines and expectations if this occurs, including return times and where students are permitted to go. Students will always be given the option to remain with members of staff.*

I give permission for my child to be unsupervised whilst on this visit.

<b>Parent/carers signature:</b>		<b>Date:</b>	
<b>Name:</b>			

# IN LOCO PARENTIS 2017/18

## Visit Title / Date:

To be filled in and signed by a parent or guardian. Please include all information that the group leader should be aware of. Any information of a sensitive nature will be treated as confidential. (Please use the back of the form to give additional information)

Student's name

First Name	Surname

Tutor Group and Date of Birth

	/	/
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Address

House Name / Street

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Town

--

County / Postcode

--

Home Telephone Number

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Please write XD if ex-directory

Emergency contact details / mobile telephone numbers.

	Number and name of contact/relationship	Address
1		
2		
3		

If your child has any condition requiring medical treatment, including medication please give details. Please also include if they have been in contact with any contagious or infectious diseases in the last 4 weeks, or have suffered from anything that might be contagious or infectious during that time?

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Please outline any special dietary requirements your child has, and the type of medication they may be given for pain/flu relief, if necessary:

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Is your child allergic to any medication, if yes, please specify?

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When did your child last have a tetanus injection?

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I will inform the Group Leader as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the journey.

Name and telephone number of family Doctor

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Address of Doctor

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## IN LOCO PARENTIS

I hereby give permission for the staff accompanying the visit to act on my behalf, once all reasonable attempts to contact me, using the above contacts, have been made without success. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I give permission for the student named above to take part in this visit and have read the information sheet provided and agree to their participation in the activities described. I understand that I am responsible for transport to and from the Academy and acknowledge the need for my child to behave responsibly.

I am aware that the academy has a detailed policy on the safe running of educational visits. I am also aware that the academy's educational visits are always well organised with particular attention paid to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the academy leaders of the visit retain the same legal responsibility for pupils as they have in the academy and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

Signed (parent/guardian)

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Date / Name and relationship to child

/	/	20
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