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# ECKINGTON SCHOOL

*Respect Progress Succeed*



Headteacher: P Cummings, MA  
Deputy Headteacher: A Burgess

11<sup>th</sup> May 2017

Dear parents / carers

We are planning to take the Y9 GCSE Food and Nutrition students on a trip to Chocolate by Design in Chesterfield on Wednesday 7<sup>th</sup> June 2017. All the Y9 on this course are invited to attend. We will be take part in a workshop during which the students will learn about the ingredients / production of chocolate. They will also have the opportunity to watch the production of some novelty chocolates and have a go themselves!!! Please complete the attached medical form /consent form and return them to the Y9 office by Tuesday 23<sup>rd</sup> May 2017. Please ensure any food allergies are listed.

The students should arrive at school at the normal time and should wear their school uniform. The coach will leave school at 9.15am and return to school at approximately 2pm and students will then return to lessons until 3.15pm. They should bring a packed lunch with them.

The cost of the trip will be £18.00 and this covers the cost of the workshop and the coach. Payment should be made via your Parentpay account by Tuesday 23<sup>rd</sup> May 2017.

Expectation of students:

I would like to remind you that should your son / daughter choose to misbehave prior to the date of the trip he /she may jeopardise their place on the activity and future visits.

At any time prior to the event, I reserve the right to withdraw your child from the trip if they breach the school's behaviour policy and /or behave in any way that could endanger the health and safety of themselves and / or others (a refund will not be available).

A breach of the behaviour policy may include:

- More than one supervision sending
- An exclusion – internal or external.

I strongly advise against your son / daughter taking any electronic devices such as ipods, MP3 players, mobile phones or tablets as we will not accept liability for any theft or loss of such items.

If you have any questions please do not hesitate to contact me.

Yours faithfully

G. Turner (Leader of Student Development – Year 9)

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**Y9 GCSE FOOD AND NUTRITION TRIP TO CHOCOLATE BY DESIGN – WEDNESDAY 7<sup>TH</sup> JUNE 2017**

Name of Student.....

Form.....

I give permission for my child to attend the Y9 GCSE Food and Nutrition trip to Chocolate by Design on 7<sup>th</sup> June 2017.

Signature of Parent/Carer.....

Please return this reply slip along with the consent and medical forms to the year 9 office by Tuesday 23<sup>rd</sup> May 2017.





# PARENTAL CONSENT FOR A VISIT

(To be distributed with an information sheet giving full details of the visit)

NAME ..... FORM.....

1. Details of visit to: CHOCOLATE BY DESIGN - CHESTERFIELD

From: ECKINGTON SCHOOL Date/Time: 07.06.17 9:15am To: CHESTERFIELD Date/Time: 07.06.17 3.15pm

I agree to \_\_\_\_\_ (name) taking part in this visit and have read the information sheet. I agree to \_\_\_\_\_ 's participation in the activities described. I acknowledge the need for them to behave responsibly.

2. Medical information about your child

(a) Any conditions requiring medical treatment, including medication? Yes  No

Please give brief details of the condition below:

**If your child requires medication, a parental consent form (Form 5) must also be completed. A copy of Form 5 is overleaf.**

(b) Please outline any special dietary requirements of your child:

(c) When did your son/daughter last have a tetanus injection? \_\_\_\_\_

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the start of the journey.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. (a copy of the insurance schedule is available on request)

Contact information:

Work telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

Home address: \_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Name of family Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

This form or a copy must be taken by the Group Leader on the visit. A copy should be retained by the school.



**TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF ADMINISTER**

If you need help to complete this form, please contact the School.

Please complete in block letters

**Name of child:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

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

**Doctor's name:** \_\_\_\_\_

**Non-prescribed medicines**

My child requires the following non-prescribed medicines:

\_\_\_\_\_

**Prescribed medicines**

The Doctor has prescribed (as follows) for my child:

	Name of drug or medicine to be given and any special storage instructions:	When? (eg, lunchtime, after food, when wheezy, before exercise):	How much? (eg half a teaspoon, 1 tablet, 2 drops):	Route? eg by mouth or in each ear:
1				
2				
3				

**Child's name:** \_\_\_\_\_ can administer his/her own medication\*/requires supervision

to administer his/her own medicine\*/requires assistance in administering his/her medicine\*

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/telephone during school hours:

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

**Signed:** \_\_\_\_\_

**Contact address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Contact tel no:** \_\_\_\_\_

\* Delete that which does not apply