

21st November 2017

Dear Parent/Carer,

Re: Young Voices Choir

As we draw ever closer to our performance on Monday 5th February 2018, I wanted to inform you of the choir's travel arrangements for the day.

We will be travelling to the O2 Arena in London by Richmond Coaches. This will require a £17.00 contribution (see slip attached). We will leave Edwinstree at 10:30am, therefore your child should arrive at school at the normal time. We will arrive at the O2 Arena at 1.30pm to begin rehearsals from 2:15pm until 5pm, after which we will have a tea break.

The concert begins at 7pm and ends at approximately 9:15pm, whereupon we will be returning to Edwinstree by coach. Children can be collected from Edwinstree at approximately 12:00 Midnight. Further information will be passed to the children at rehearsals

Please complete and sign the permission slip attached and return to the school office by **Friday 8th December 2017**. Payment can be made via the School Gateway or by cash in an envelope, clearly marked with your child's name. Please be aware we no longer accept cheque payments.

If your child requires medication on the day, you will need to complete and return the MED1 form attached. Please ensure that all medication, including travel sickness tablets, is provided and labelled with your child's name by Thursday 1st February 2018.

Further information regarding the event can be found at www.youngvoices.co.uk

Should you have any queries, do not hesitate to contact me.

Yours sincerely



Miss Devonshire
Assistant Leader of Expressive Arts

REPLY SLIP

YOUNG VOICES CHOIR VISIT TO THE O2 ARENA, LONDON

Monday 5th February 2018

Name..... Tutor Group.....

I consent to my child taking part in the Young Voices Choir visit to the O2 Arena in London on Monday 5th February 2018, and having read the information, agree to them taking part in the activities described. I accept that for safety and security reasons electrical items, including mobile phones and computer games, may not be brought on the visit.

I enclose £17 cash payment

I have paid £17 via the School Gateway

I consent to any emergency treatment, including the use of anaesthetics, necessary during the course of the event. I accept that no mobile devices are permitted on any educational visit.

Signed..... (Parent/Carer) Date.....

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Medication will not be administered unless prescribed by a doctor and all medication must be in the original container. Antibiotics will only be administered by school staff if it is prescribed to be taken 4 times a day.

DETAILS OF PUPIL

Surname:

Forename(s)

AddressM/F.....

.....DOB

.....Tutor Group

Condition or illness.....

MEDICATION

Name/Type of Medication
(as described on the container)

For how long will your child take this medication

Date Dispensed

FULL DIRECTIONS FOR USE:

Dosage and Method

Timing.....

Special Precautions

Side Effects:

Self Administration.....

Procedures to take in an Emergency

CONTACT DETAILS:

Name:.....Daytime Telephone No.....

Relationship to Pupil:.....

Address:

I understand that I must deliver the medicine personally (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date:Signature(s).....

Relationship to pupil:.....