Date – 23/09/2019

Dear Parent/carer ,

Trip name - **Budapest Health & Social Care visit**

Date - 7-10/04/2020

Times - TBC

Deposit - £150.00

Total trip Cost - £590.00. (including deposit.)

In order to consolidate the HSC studies we have arranged for a visit to Budapest, Hungary in the Easter break in 2020. The trip will include visits to the following – the Peto Institute, a children’s home, a children’s hospital and also a walking tour of Budapest.

Students will need a current valid passport and some spending money. We will meet nearer the date to discuss details. We are staying on a half board basis at the Hotel Atlas and flying from Gatwick airport.

Places will be allocated on a first come first served basis by consent forms **received at** **STUDENT RECEPTION**. The cost for the trip will be £590.00 and the item will be added on to ParentPay, once we know who has a place, **deposit to be paid before 4th October 2019.**

As the Academy would not be able to bear all of the cost of the trip without affecting other areas of our provision, we ask for those who are willing and able to make a contribution to the cost of £590.00 for the trip. If you are in receipt of Income Support or Family Credit, or feel unable to contribute, please contact Mrs Mahoney on 01621 787839 or via email on [amahoney@ormistonriversacademy.co.uk](mailto:amahoney@ormistonriversacademy.co.uk)*.*

Please complete and return the attached consent form to **Student Reception as soon as possible so the item can be added on to ParentPay.** If you have any questions please do not hesitate to contact me by email at [scooke@ormistonriversacademy.co.uk](mailto:scooke@ormistonriversacademy.co.uk)

Yours sincerely,

**Mrs S Cooke**

Mrs S Cooke

HSCTeacher

ORMISTON RIVERS ACADEMY CONSENT FORM

STUDENTS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGISTRATION GROUP: \_\_\_\_\_\_\_\_\_\_

DATES OF TRIPS: 07-10/04/2020

DESTINATION: HSC Budapest, Hungary tour

DEPARTURE TIME: TBC – depending on flight times

RETURN TIME: TBC – depending on flight times

COST OF THE TRIP: £590.00

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPHS \*PLEASE DELETE AS APPROPRIATE

I understand that photographs of the event may be taken for press releases by the venue and the Academy for their displays.

• I do not / I do give permission for photographs to be taken of my child

I agree to taking part in this visit and participation in all activities. I acknowledge the need for obedience and responsible behaviour on their part and accept that any serious misbehaviour that could put others at risk may result in them being withdrawn or returned from the visit. I understand and accept that there is some level of risk in every visit and activity, but that all reasonable measures will be taken to minimise the risks involved. I have checked the medical notes overleaf concerning that might affect the duty of care expected during an off-site visit. I undertake to inform the Visit Leader in writing of any changes in the medical or other circumstances of before the date of departure of this visit.

**You will be unable to attend this trip if this form is not fully completed on BOTH sides and returned to Student Reception by the deadline date.**

MEDICAL INFORMATION:

PLEASE COMPLETE ANY MISSING DETAILS

Surgery address:

Doctors name: Phone:

Medical notes:

Does your child suffer from any medical conditions requiring medical treatment, including medication (not listed above?)

YES / NO details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of your knowledge has your child been in contact with any contagious or infectious diseases in the past 4 weeks that may be contagious or infectious?

YES / NO details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child any allergies of which we need to be aware?

YES / NO details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child any special dietary requirements? (If applicable to the visit)

YES / NO details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child received a tetanus injection in the last ten years?

YES / NO details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to receiving medical treatment. Including anaesthetic, as considered necessary by the medical authorities present.

I undertake to inform the Visit Leader of any change in the medical details of my child from now till departure date.

Signed - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person with parental responsibility)

Home address:

Home phone: Work phone:

Mobile phone:

If you cannot contact me on any of the above numbers please try:

Name: Relationship to student:

Home: Mobile: