

Reply Slip



Please return to Ms D Barr, via Student Support by 27 May 2016

Sponsored South Downs Walk 14 July and Activities Week 18 – 21 July 2016

Student's Name: _____ **Tutor:** _____

I give permission for my son/daughter to take part in the off-site activities during Activities Week.

Please choose one of the following for the Heritage Trips Day:

- The Arundel Wetland Centre, £14.00
- Portsmouth Historic Dockyard, £15.00
- Hever Castle, £16.00
- The Observatory Science Centre, Herstmonceux , £16.00
- Shoreham Airport, Lifeboat Station and Houseboats, £3.00
- My son/daughter is eligible for free school meals
- I have made a payment of £_____ on WisePay

Except for the Year 7 Camp and Performing Arts Tour, all the other activities will take place during the normal school day.

I understand that I am responsible for the safe journey home of my son/daughter from the Academy.

Signed: _____ **Date:** _____
Parent/Carer

Print Name: _____

Medical Information

Does your child suffer from:

Asthma, Travel Sickness, Migraine, Allergies (Penicillin or other drugs / insect bites / food / nuts etc.), Epilepsy, Diabetes, Eczema, on regular medication, past injuries which may still be relevant (please circle as appropriate).

Other (please state) _____

Should the necessity arise, in an emergency, I agree to the person in charge of the party giving consent on my behalf, and on the firm advice of a doctor, for an anaesthetic to be administered or for any other URGENT treatment to be given.

Signed: _____ Parent/Carer

Print Name: _____

Address: _____

Home Tel. No: _____

Emergency Contact No: _____

Date: _____