

5 October 2015

Dear Parent/Carer

As you are aware, your daughter has recently started studying the BTEC Level 3 Subsidiary Diploma in Health and Social Care. One of the assignments your daughter will have to undertake for this course requires her to carry out a risk assessment in a public place from the perspective of taking primary school children on a trip. In order to achieve this, I would like to take all Year 12 students to the bowling alley in Worthing on Wednesday 14 October from 13:30 to 15:20.

After students have finished carrying out the work required for the assignment they may participate in a game of bowling, however students will need to pay for this themselves. The cost of this will be £4.50 and payment should be made via WisePay. Please note there is financial assistance available for those who qualify. Should you require further information or help, please contact our Finance Manager, Mrs Emsley.

I will be dismissing students from the bowling alley at 15:20.

Please do not hesitate to contact me if you require any further information or have any concerns.

Yours faithfully



Miss N Hammersley
Teacher of Health and Social Care



Reply Slip



Please return to Miss Hammersley by Monday 12 October 2015

Name: _____ **Year/Tutor:** _____

- I do / do not give permission for my daughter to attend the trip to the Worthing Bowling Alley on Wednesday 14 October from 13:30 to 15:20.
- I give permission for my daughter to make her own way home at 15:20.
- I have paid £4.50 via WisePay.
- I have read the arrangements and agree to them.

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

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

Address: _____

Home Tel. No: _____

Emergency Contact. No: _____

Date: _____