



Dear Parent(s)/ Guardian(s),

Re: Year 7 Chester trip on Friday 18th May, 2018

I am writing to provide details about the Classics department's annual Year 7 trip to Chester. The purpose of the trip is to give the boys an insight into an ancient Roman town and fortress. The boys will follow a rotation of activities including a visit to the Dewa Roman experience and a walk along sections of the city walls. They will learn about life in the legionary fortress and the Roman army as well as daily life in Roman Britain. We will visit the Roman amphitheatre (the largest in Britain) and see the hypocaust in the Roman gardens.

This year the trip will take place on **Friday 18th May**.

As it is a normal school day, school uniform is to be worn. A packed lunch is required and we eat this down by the river at midday.

We will leave school promptly after registration and a briefing assembly. We will be leaving Chester by 2.30pm and will return to school in time for school buses.

No money is required, although there is a small gift shop in the Dewa Roman Experience museum and there is a small shop by the riverside to supplement any packed lunch.

Please could you fill in the consent form and medical information sheet which we will need in the unlikely event of an emergency; please return it to your son's form teacher no later than **Friday 1st May**.

If you need any further information about this please contact your son's Latin teacher.

Yours sincerely

Miss H Hoath

Return to your son's Latin teacher

I give permission for my son/ward of form to attend the
Classics trip to Chester on Friday 18th May.

Signed Date.....

Merchant Taylors' Schools

Educational Visit Health Information and Consent



MERCHANT
TAYLORS'
SCHOOLS

Trip:

SECTION A - CONTACT DETAILS

Name of Pupil.....Form..... DOB.....

Home Address.....

..... Post code.....

Home telephone..... Work telephone.....

Mobile..... Email.....

Emergency contact details if different from above.....

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GP Name, Address, telephone.....

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SECTION B - MEDICAL DETAILS

Does your child/ward suffer from:-

Asthma? YES/NO; If yes I agree that a member of Merchant Taylors' Schools' staff may administer an emergency inhaler should the need arise - YES/NO

Diabetes? YES/NO; Epilepsy? YES/NO;

Allergies food/medicines? YES/NO

If so please give details.....

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Does your child/ward suffer from:-

Hayfever? YES/NO; Migraines? YES/NO; Travel sickness? YES/NO

Please give details.....

Is your child/ward's immunisation status up to date? YES/NO

Is your child/ward on any medication at present? YES/NO

Please give details including dosage/timing.....

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Can your child/ward self-administer their medication? YES/NO

Relevant past medical history.....

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Does your child/ward have specific dietary requirements? YES/NO

Please give details.....

Has your child/ward suffered any illnesses, infections or contagious conditions in the last 3 months? YES/NO

Please give details.....

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Can your child/ward swim 25m? YES/NO Ability level (if applicable)

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Are there any activities in which your child/ward may not participate? YES/NO

Please give details.....

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Is there any further information the School ought to be aware of eg sleepwalking or phobias? Please give details.....

SECTION C – ADMINISTRATION OF MEDICINES AND FIRST AID

I agree that a member of Merchant Taylors' Schools' staff may give paracetamol and administer first aid treatments ie antiseptic wipes/lotions/creams, plasters and arrange emergency treatment ie dental, medical or surgical should the need arise.

SECTION D – CONSENT

I hereby give my consent to any member of Merchant Taylors' Schools' staff to act *in loco parentis* for my child during the school trip.

Signed..... **Date**.....