



11 October 2018

Dear Parent/Carers

Year 7 Crashes Cox Green – Friday 19 October 2018

I confirm your child's place on the Year 7 Crashes Cox Green sleepover and thank you for your payment. As this trip is fast approaching, I write with further details.

As a reminder, students are to be dropped back to school for 7pm on Friday 19 October and collected at 9am the following morning, after students have had their breakfast.

Mobile phones

In line with school policy, **mobile phones and/or electronic devices are not permitted** on any school trips or visits. Students are advised against bringing any valuables as these cannot be replaced by the school.

Emergency contact details

For this trip, we shall use the 'first contact' as detailed on your child's OA4 (off-site activity) form. In case of emergencies only, please call **07340 009218**. Please note this number is for **EMERGENCIES ONLY**.

Medication

If your child requires **any** medication, either 'over the counter' or prescribed, this must be detailed on the attached 'Residential Medicine Form'. All medication will be held by the Trip Leader and dispensed accordingly. All medication must be provided in its original box/container, and clearly labelled with your child's name. Please only provide enough medication for the duration of this trip. Please provide any medication and the completed form by Wednesday 17 October 2018, to Mrs Feetham, Trip Administrator, Student Services Office (FO6), in the Fifield Building.

Note: should students require an asthma inhaler or EpiPen (or similar), then this is the only medication that can be carried by the students. A 'Residential Medicine Form' must still be completed to detail this. Should this be the case, please provide a spare, which will be held by the Trip Leader.

If you would like any further information about this particular trip, please do not hesitate to contact either myself, Mrs Feetham, via the main office or by email to enquiries@coxgreen.com.

Yours sincerely

Mr J Crowther
Deputy Learning Leader – Science / Trip Leader



Sixth Form
Leadership Team

Please note:

- *Places on all trips are subject to the school Behaviour Policy. Any student who receives an internal or fixed term external exclusion will have their place withdrawn from the trip and no refund will be made unless the place can be re-sold. In addition, if the school assesses that the attendance on a trip is a Health and Safety risk to the student or to others, a place will not be allocated to that student or a place will be withdrawn and there will be no refund made unless the place can be re-sold.*
- *Should your child be unable to attend a trip due to medical reasons, we will require a Medical Certificate to apply for an insurance claim.*
- *If the trip is cancelled due to uncontrollable circumstances i.e. weather, Foreign/Home Office guidance, the refunding of costs will be subject to insurance cover.*
- *This is an optional trip and is not essential to the curriculum or completion of the syllabus being studied.*



RESIDENTIAL TRIP - MEDICINE FORM (Year 7 Crashes Cox Green – 19/10/18)

The school will not give your child medication unless you complete and sign this form. Please complete this form for medication that your child will need on the residential trip. For more than two types of medication repeat on a blank page and attach the page to this form. If there are any subsequent changes to the medication, then it is the parent's responsibility to inform the school.

This form will be attached to the Healthcare Plan and taken on the trip.

Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Student Name (please print in capitals)

<p>Any remaining medication will be returned to the student at the end of the trip.</p> <p>If you do not wish medication to be handed back to your child, please indicate here.</p>	<p>Medication to be returned to student:</p> <p>Yes / No</p> <p><small>Please delete</small></p>
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<p>Medication 1:</p> <p>Name/type of medication (as described on the container):</p> <p>Expiry Date:</p> <p>Dose and Method:</p> <p>When it is taken:</p> <p>Are there any contraindications: (signs when medicine should not be given)</p> <p>Are there any side effects that the school needs to know about?:</p> <p>Self Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision by staff member</p> <p>What to do in an emergency:</p>	<p style="text-align: center;">PLEASE LEAVE BLANK FOR PHOTO</p>
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Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential trip:

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Signed:

Print Name:

Relationship to child:

Date:



RESIDENTIAL TRIP - MEDICINE FORM (page 2)

Medication 2:

Name/type of medication (as described on the container):

Expiry Date:

Dose and Method:

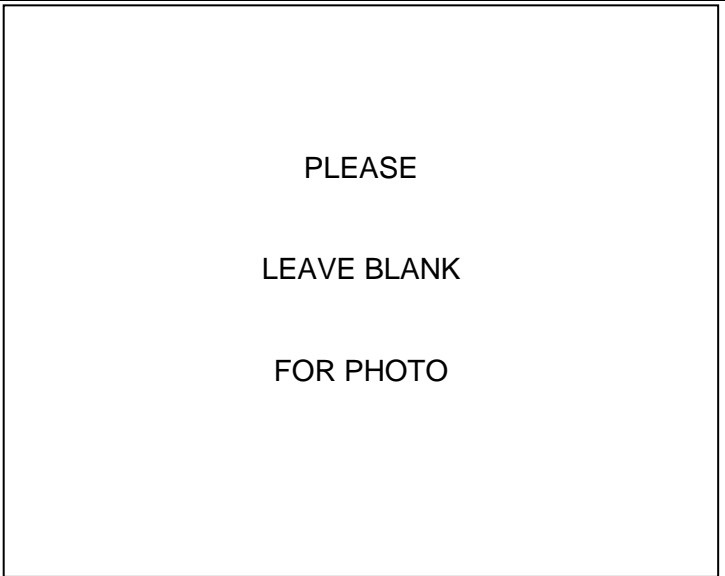
When it is taken:

Are there any contraindications:
(signs when medicine should not be given)

Are there any side effects that the school needs to know about?:

Self Administration: Yes No Yes with supervision by staff member

What to do in an emergency:



Please provide any other information that the school needs to be aware of regarding your child's medical condition and recent health before the residential trip:

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