

MW/et

6<sup>th</sup> February 2018

Dear Parent/Carer

### Big Bang Fair – Birmingham

At All Saints Academy, we are committed to our vision of Living Well Together with Dignity, Faith and Hope. We offer a wide range of visits, trips and activities because we know that our students become more dignified through increased life experiences and their hope and aspirations for their futures are increased through broadening their horizons.

We are excited to be able to offer your child the opportunity to attend the Big Bang Fair on Friday 16<sup>th</sup> March 2018. The Big Bang Fair is acclaimed to be the largest celebration of science, technology, engineering and maths for young people in the UK. The Fair aims to show young people just how many exciting and rewarding opportunities are available to them. Further details can be found on the Big Bang website at [www.thebigbangfair.co.uk](http://www.thebigbangfair.co.uk)

We will travel to and from the Fair by coach, leaving the Academy at 8.15am and returning at approximately 5.00pm. As we are returning to the Academy after the end of the school day, please indicate on the reply slip how your child will be getting home.

Students will need to bring a packed lunch and are expected to wear full Academy uniform and comfortable school shoes. Students may wish to bring some spending money with them as the Fair does have refreshments on sale and items to buy. Students will be required to carry their belongings with them all day, and we ask that they bring only essential items and that these are carried in a suitable bag.

This trip is being offered free of charge to all students in Year 10. If your child wishes to attend this exciting visit, please complete the reply slip and Medical Consent Form and return to Student Reception no later than **Wednesday 21<sup>st</sup> February 2018**. Unfortunately the Academy cannot accept any slips returned after this date.

Should you have any questions please do not hesitate to contact me.

Yours faithfully



Michelle Watt  
Joint 2<sup>nd</sup> in Curriculum – Maths

Please return to Student Reception no later than Wednesday 21<sup>st</sup> February 2018

**The Big Bang Fair, Birmingham**

Student's Name \_\_\_\_\_ Tutor Group \_\_\_\_\_

- I give permission for my child to take part in the visit to The Big Bang Fair.
- I have completed the attached Medical Consent Form
- I will be collecting my child from the Academy upon returning from the trip
- I am happy for my child to make their own way home upon returning from the trip

Signed Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL CONSENT FORM

I give consent for \_\_\_\_\_ (student name) to attend the visit to the Big Bang Fair on Friday 16<sup>th</sup> March 2018.

Having read the enclosed trip letter, I agree to my child taking part in any or all of the activities described.

Before signing this Consent Form, it is important that you understand that:

1. Whilst the supervisory adults in charge of the group will take all reasonable care of your child, they cannot be held liable in respect of loss or damage to the property or injury suffered by your child as a result of the educational visit/journey unless such loss, damage or injury results from the negligence of an employee or official volunteer of All Saints Academy Dunstable.
2. You read and understand the extent and limitations of the insurance cover provided, if applicable

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

***EMERGENCY CONTACT DETAILS (please include name of contact)***

Name of contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Please advise of any medical condition(s)/allergies/ dietary requirements of which we should be aware

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Is the student taking any medication?                      YES/NO (delete as appropriate)

If yes, please name the medication -----

How often and what is dosage taken? -----

Do staff members have permission to administer the above medication where necessary? YES/NO (delete as appropriate)

Name of your child's doctor ----- Doctor's telephone number -----

Signed ----- (Parent/Carer) Date -----