



10<sup>th</sup> March 2020

Dear Parents/Guardians,

The Art and Design Department are planning an educational trip to London that will take place from **Friday 16<sup>th</sup> October – Sunday 18<sup>th</sup> October 2020**. We appreciate that your son/daughter is still making their A-level choices however, this trip is linked to the curriculum and therefore is primarily aimed at Art and Photography students.

The Creative Arts trip will provide students with an excellent opportunity to learn outside of the classroom and to deepen their knowledge and understanding of Art and Design, as well as allowing them to experience and enjoy visual arts in various forms. The students will have the opportunity to engage with a range of activities within gallery settings and use these to produce personal drawings and studies to support their Art and Photography A-level studies.

We will be having a short meeting for all students interested in attending the trip early next academic year; however, at this stage we would like to find out how many students would be interested in this opportunity.

The trip will cost approximately £500, which will include flights, accommodation and pricing for all Art based activities that the students will be involved with. If your son/daughter would like to attend, please can you complete the form attached and pay £100 non-refundable deposit for the trip – payable to The Ladies' College in an envelope labelled '**London Art and Design Trip October 2020**', by **Monday 30<sup>th</sup> March 2020**. If you wish to pay by BACS our account details are:

The Ladies' College  
Natwest Bank Sort Code 60-09-20  
Account Number 06017614  
REF: Surname LDN Oct 20

As a department, we have no doubt that the students will benefit a great deal from this excursion to London and hope that your son/daughter can be part of this exciting opportunity.

Yours sincerely,

Miss Charlotte Alston  
**Head of Photography**



The Ladies' College  
A-level Art and Design London Trip  
October 2020

**TO: Miss Alston**

**Daughter's Name:**.....

I confirm that I would like my daughter to participate in the GCSE Art & Design London Trip

I attach a cheque for the non-refundable deposit of £100

I confirm I have paid the non-refundable deposit of £100 by BACS

Signed:.....  
**Parent / Guardian**

Name: _____ Date of birth: ____/____/____
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**PARENT CONSENT FOR AN EDUCATIONAL VISIT**

To be distributed with an information sheet giving full details of the visit.  
Please complete this form in black ink.

Details of Visit to: London GCSE /A-Level October 2020

Visit Leader: Miss Alston

From date 16<sup>th</sup> October (tbc) time 18<sup>th</sup> October 2020 (tbc) time

**Medical information about your child**

a) Does your child have any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:

\_\_\_\_\_

b) Please outline any food or other allergies and special dietary requirements of your daughter:

\_\_\_\_\_

c) Are there any recent illness or accidents that staff should be aware of?

\_\_\_\_\_

d) Please indicate the type of pain/flu relief medication your daughter may be given if necessary (delete as required):

Paracetamol / Nurofen / Ibuprofen / Imodium or similar / Flu remedies / Travel sickness tablets / Other:

\_\_\_\_\_

e) Any other relevant information you would like to give us:

**For residential visits and exchanges only**

f) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO  
If YES, please give brief details:

\_\_\_\_\_

g) Is your daughter allergic to any medication? YES/NO  
If YES, please specify:

\_\_\_\_\_

h) When did your daughter last have a tetanus injection? \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Tel. number: \_\_\_\_\_

Dr's Address: \_\_\_\_\_

**My contact details:**

Tel. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Alternative emergency contact during the visit and on-island – if necessary:**

Name: \_\_\_\_\_ Tele \_\_\_\_\_ phone number:

Tel. Home \_\_\_\_\_ Mobile: \_\_\_\_\_

(Relationship to daughter)

**Declaration**

1. I would like my daughter to take part in the above mentioned visit or activity and having read the information provided agree to her taking part in the activities described. I understand that the visit includes periods of remote supervision during which the students will stay in groups of not less than three that they will be given a clearly defined area beyond which they must not go, and that they must report back to a member of staff at a pre-arranged location every 45 minutes.
2. I agree to my daughter 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.
3. I understand the extent and limitations of the insurance cover provided.
4. I consent to any emergency medical treatment required by my child during the course of the visit.
5. I confirm that my daughter is in good health and I consider her fit to participate.
6. I will inform the Visit Leader at departure of the trip of any changes to the medical information given on this form.
7. Delete the following as appropriate:

I understand that remote supervision is part of the programme. This means that my daughter will not be directly supervised by a member of staff at all times. The information regarding the remote supervision arrangements will be supplied by the Visit Leader

As part of the activities your daughter is involved in the Ladies' College may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use your daughter's photograph in this way? YES / NO

**Any changes or additions to this information between the date of completion of this form and the start of the activity must be given in writing to the Visit Leader.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

**THIS FORM OR A COPY/SUMMARY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT.  
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.**