



ROCKWOOD
ACADEMY

Naseby Road, Alum Rock, Birmingham, B8 3HG
0121 566 6500 • enquiry@corerockwood.academy
Headteacher : Ms S Darr
Senior Headteacher : Mr G Williams
🐦 @CORERockwood @COREeducate

25th May 2022

Dear Parent/Carer

Year 10 Rewards Trip - Drayton Manor – 1st July 2022 9.30am to 6.00pm

At Rockwood Academy, we want to take every opportunity to reward students who have consistently demonstrated excellence in their lessons and displayed respect to their fellow students and teachers. Therefore, in order to celebrate their success, we have organised a fantastic trip to Drayton Manor Theme Park and, as Head of Year 10, it gives me great pride to inform you that your child has been selected to be part of this fantastic opportunity due to their exemplary behaviour this year. **The trip will take place on 1st July 2022 and the total cost of the trip will be £15.00, to be paid to the school via parent pay.**

Students will travel to Drayton Manor by coach and will be accompanied by members of the Academy staff at all times. The coach will leave school promptly at 9.30am and we expect to arrive back at school at approximately 6.00pm. The students will need to be in form class by **8.40am** so that we leave can on time and can make the most of the day.

Students can wear non-school uniform and please ensure that your child has a packed lunch in a suitable container (glass bottles will not be allowed). The Academy will provide a packed lunch for students who are entitled to free school meals. Students can bring money to buy things from the theme park, but please be aware that it is your child's responsibility to keep their belongings safe at all times. Staff will not be held responsible for your child's personal belongings.

The visit should not involve any substantial risk. However, accidents can happen under almost any circumstances and we need to be properly prepared to deal with an emergency. If your child has any medical conditions, that might need special arrangements, please provide the necessary information on the consent form accompanying this letter. Staff will not be held responsible for any incidents caused by a student failing to follow the instructions of the teachers, or the Drayton Manor staff.

Please ensure all parts of the consent form are completed. Your child will need to return the **completed consent form by Friday 10th June 2022 and hand it to their form tutors and the money must be transferred on parent pay by this date.**

Yours faithfully

Mr G Singh
Head of Year 10



ROCKWOOD ACADEMY SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

Data Protection Act, 1998

The information that you supply on this form will be used by the Local Authority for the purpose of maintaining and improving the level of service given for young people within the Local Authority. All information is regarded as confidential, and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within the Local Authority Service Areas.

School/Group:	Rockwood Academy
Visit to:	Drayton Manor Theme Park
Date and times:	1 st July 2022 leaving the academy at 9.30am; returning 6.00pm (to be in school at normal time)
I consent to:	<input type="text"/> (Full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund.

I Consent / do not Consent to my child being allowed to walk home (please circle)

(Where a visit includes water-based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes periods of remote supervision or travel in a private vehicle, parents should be asked for their permission for this)

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment? Yes No

If yes, please give details:

If you have answered yes, do you give your permission for the staff to administer the medication should this, be necessary? Yes No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks? Yes No

If yes, please give details:

Is your son/daughter allergic or sensitive to any medication? e.g., penicillin Yes No

If yes, please give details:

Has your son/daughter had any serious medical condition in the last few years that we should know about? Yes No

If yes, please give details:

[Empty text box for details]

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

[Empty text box for date of last injection]

Please outline any dietary needs or food allergies:

[Empty text box for dietary needs or food allergies]

Name of child's doctor:

[Empty text box for name of child's doctor]

Address:

[Empty text box for address]

Post code:

[Empty text box for post code]

Tel no:

[Empty text box for telephone number]

I will inform the Visit Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

[Empty text box for day number]

Eve:

[Empty text box for evening number]

Mob:

[Empty text box for mobile number]

Home Address:

[Empty text box for home address]

Alternative Emergency Contact

Name:

[Empty text box for name]

Relationship:

[Empty text box for relationship]

Tel: Day

[Empty text box for day number]

Eve:

[Empty text box for evening number]

Mob:

[Empty text box for mobile number]

Address:

[Empty text box for alternative contact address]

Declaration

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

I agree to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

[Empty text box for signature]

(Parent/Guardian)

Print Name:

[Empty text box for print name]

Date:

[Empty text box for date]

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Visit Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File.

IL2: PROTECT (When complete)