

8 February 2017

Dear Parents, Carers and Students

Trip to the Globe Theatre Saturday 29th April 2017

I am delighted to say that I have been able to book 48 tickets to see Shakespeare's *Romeo and Juliet* at the Globe Theatre on Saturday 29th April 2017.

The experience of seeing a play at the Globe is completely different to any other theatrical venue. Everyone should go at least once in their lives! The plays are performed as they would have been staged originally; as a Shakespeare play is now an exam text, a visit to the Globe will really help with understanding how the Elizabethan theatre created special effects, costumes and sets. It will also bring the text to life and help students to understand the play much better.

The cost will be £25 per head to include the theatre ticket and coach fare.

PLEASE NOTE: tickets are standing not seated. The audience can move around during the performance but there is nowhere to sit. I have booked two seats in case anyone needs to sit down for part of the performance.

The performance starts at 2 pm and finishes at 5 pm so we would be leaving school at 7.30 am (to be confirmed) and should return by 7.30 pm approx.

Students will need to bring a packed lunch or money to buy a meal/snack in one of the nearby restaurants. Students should dress comfortably wearing sensible shoes and ensuring they bring a hat and coat in case of sun or rain!

If you would like ticket(s) please return the attached slip, finance will then activate your account to pay via Parent Pay by Wednesday 22 February 2017.

Yours sincerely



L Bevan
Trip Leader

ST DUNSTAN'S SCHOOL

Educational Visit to: **Macbeth, Globe London**

Date: **Saturday 29 April 2017**

Name of student: _____ Tutor Group: _____

PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT

This two-page form should be read with the accompanying information/letter about the visit. All sections must be completed. Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.

DECLARATION

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to follow all directions and instructions given and observe all rules and regulations Governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/establishment if I require further details.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

Having been informed through the details supplied. I consent to my son/daughter taking part in this activity/trip/visit and, This includes consent for him/her to take part in any or all of the activities described.

Full name of parent or carer (print please): _____

Signed: _____ Date: _____

MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the Visit Leader or your child's Head Teacher/Senior Manager prior to the departure date.

EMERGENCY CONTACT

Name of Parent/Guardian: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Telephone: _____ Mobile: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Headteacher/Senior Manager.
7. Data Protection. The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.

I agree to pay £ 25.00 total balance via Parent Pay by Wednesday 22 February 2017.