



**Visit to: Hertford Regional College "The Seagull"**

**Date : Thursday 19<sup>th</sup> October 2023**

- I wish to apply to you for a place on this visit, the details of which, including insurance arrangements, can be found on Passmores website Key Information/School Trips.

Student Name:

Tutor Group:

- I agree for my son/daughter to visit Hertford Regional College.
- Students will depart from Passmores at 6.30pm with members of staff and travel to the venue by school minibus.
- The students will leave the theatre at approximately 8.15pm and aim to arrive back at Passmores approximately 8.35pm. Pupils will need consent to make their own way home if they are not being collected by parents/carers.
- I agree to authorise members of staff during the course of the visit to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner (continue overleaf if necessary).

**Does the above person:**

- **Have a medical condition requiring medical treatment or medication?** Yes / No
- **Have an allergy to certain medications?** Yes / No
- **Is he/she able to administer his/her own medication?** Yes / No

**Medical conditions/relevant history (any prior medical issue that may have an impact on the student during the trip, however minor, must be included:**

**I wish to draw the following to the group leader's attention;**

**EMERGENCY CONTACT INFORMATION**

	<b><u>Main Contact</u></b>	<b><u>Alternative</u></b>
<b>Name:</b>		
<b>Relationship:</b>		
<b>Address:</b>		
<b>Telephone Numbers:</b>		

Cheque (made payable to PCLC)

Cash

ParentPay

**DECLARATION:** I have received and understood the details of the visit.

I undertake to inform the group leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person names above to behave responsibly and agree to the establishment's procedures in this respect.

Name: ..... Relationship: .....

Address and telephone number: .....

.....

E-mail: .....

Signed: ..... Date: .....

The declaration on this form must be signed by someone with parental responsibility for the child/young person.

**Please return to:**

**Passmores Academy  
Tracyes Road  
Harlow  
Essex CM18 6JH  
Telephone Number: 01279-770800**