

ENRICHMENT WEEK Year 7
ACTIVITIES FOR MONDAY 9th - FRIDAY 13th JULY 2018

NAME: _____

FORM: _____

PLEASE RETURN YOUR FORM TO **STUDENT SERVICES LETTERBOX** BY **Tuesday 22nd MAY**
 Places will be allocated on a first come, first served basis.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Black Country Museum trip	Elite Commando Survival Day	Elite Commando Survival Day	I am already booked to see Mamma Mia! (full)	Whole School Sports Day Bring your PE kit
	Clay Pigeon Shooting / Swim	One day drama workshop	Bosworth Water Park	
	A day of Craft Making	Resistant Materials Masterclass - Woodwork	Summer Feast	
	International Day	Japanese themed trip	Range of sports activities	
	Resistant Materials Masterclass- metalwork		DT craft activity	
Curriculum Activities A variety of free activities offered by different subject areas every day.	Curriculum Activities A variety of free activities offered by different subject areas every day.	Curriculum Activities A variety of free activities offered by different subject areas every day.	Curriculum Activities A variety of free activities offered by different subject areas every day.	

If you haven't already booked a trip and would like to, please fill in the consent form overleaf.

Please **do not** return any monies with this form as invoices will be raised to collect payment via Parentpay, cash or cheque (made payable to Kineton High School) in due course. Thank you.

Parents/Carer please sign to confirm that you give consent for your son/daughter to participate in their chosen activities

Signed: _____ Date: _____

KINETON HIGH SCHOOL

**DAY TRIP STUDENT
CONSENT AND EMERGENCY PERMISSION**

I wish my son/daughter to be allowed to take part in the journey mentioned below and, having read the information provided, agree to his/her taking part in any or all of the activities described.

I,, (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetics or blood transfusion. I also agree to the release of relevant and necessary medical information to educational establishment staff by the G.P. if circumstances are deemed necessary and appropriate.

Please complete the following:

SCHOOL VISIT TO

ON (dates)

CHILD'S NAME FORM

EMERGENCY TELEPHONE NUMBER

SIGNATURE (PARENT/CARER) DATE

MEDICAL INFORMATION

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

.....
Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, celiac disease or any other illness or disability? If so, please give details:

.....
Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines etc. (These MUST be handed to the party leader.)

.....

***For the Bosworth Water Park trip I can confirm that my son/daughter can swim 25 metres unaided.**
Signed _____ (Parent Carer) Date _____