



Sherburn High School

Headteacher: Ms Miriam Oakley

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Our Ref: HOY/HWN

13 May 2024

Dear Parents/Carers

Years 7-10 Flamingo Land Trip, Tuesday 9 July 2024

I am pleased to inform you of an exciting opportunity being provided for students to attend Flamingo Land as part of the end of year reward trip. Students are not required to wear school uniform; however appropriate dress needs to be worn (and if necessary, sun cream). Students will need a packed lunch or spending money to purchase food and drinks at the theme park.

Date and Timings

The trip will depart at 9am on Tuesday 9 July 2024 and return the same day at approximately 6pm. The trip returns to the New Lane bus park outside of school hours therefore where appropriate parents/carers will need to arrange to collect their child or children. If you are collecting your child in a vehicle, to avoid unnecessary congestion please park in the New Lane car park not the roadside.

Cost and Payment

The total cost of this trip is **£40** per student.

If you wish your child to participate, can you please make arrangements to pay by debit/credit card on the parentpay website at www.parentpay.com, give consent and provide details of any medical conditions and also an emergency contact number. If you have not received an activation letter to log-on to parentpay, please contact the school as soon as possible and we can arrange to send one out to you. **Your child will not be allowed on the trip until payment is received together with the requested contact and medical information.**

Payment must be received no later than Friday 7th June 2024 by 10am

Finance and Free School Meals

As a school we are very aware of the additional cost of school trips and we want all our students to be able to access these opportunities. As this is a non-compulsory educational visit we are asking for a voluntary contribution. Unfortunately, if we do not receive enough voluntary contributions, we may need to cancel the trip. If you do have any issues or queries regarding payment, please contact myself or finance@shs.starmat.uk as appropriate. **If your child is eligible for FSM and you wish to order a packed lunch to take, please indicate this in the notes box on Parentpay and state which sandwich and drink your child would like to order.**

Medication and Medical Conditions

If your child has taken any medication on the morning of the trip, **please fill in the form attached to this email** and send it to school with your child so that we have a record. If your child will need to take any medication on the day of the trip please make sure that it is **in its original packaging and placed in an envelope or sealed plastic bag with the name of your child on and details of when and how much needs to be taken.** Your child will need to hand the medication to me on the morning of the trip and this will be kept safe for them until they need to take it. **Please note that we will be unable to hand any spare medication back to students at the end of the trip.** Medication will need to be given directly to parents on collection or collected from the School's reception by a parent. Please also note that if your child has asthma they **MUST** have their inhaler/s on their person on the day of the trip otherwise they will be unable to go on the trip.



LOTTERY FUNDED



Educational Visits Policy and Insurance

This visit is organised under the school's Educational Visits Policy. To give consent for your child to take part in the visit please read the attached consent information and tick the consent box on parentpay when paying for the trip. You must **provide an emergency contact number and any medical conditions in the note box against the payment transaction line**. All students taking part in the activity will be covered by the RPA Personal Accident and Travel Insurance. If you wish to have details of this cover please contact reception.

Non-Compulsory Educational Visit Sanctions:

Finally, it needs to be reiterated that our visits and trips are very much linked to our rewards and sanctions policy. In line with the STAR MAT we endorse the principles for all young people to participate with supported accessibility through direct or realistic adaption or modification and integration through participation with peers. If any student has had 2 or more isolations at Sherburn High, isolation at Tadcaster Grammar school or a suspension they will automatically not be able to access this trip. I am sure you will appreciate good behaviour is extremely important when taking students out of school for health and safety reasons.

If you have any questions relating to this initial letter then as ever, please do get in contact with the relevant Head of Year.

Yours sincerely,



Mrs M Makin – Head of Year 10

melanie.makin@shs.starmat.uk



Ms E Wadsworth – Head of Year 9

emma.wadsworth@shs.starmat.uk



Mrs J Smith – Head of Year 8

jill.smith@shs.starmat.uk



Mr B Hickinson – Head of Year 7

robert.hickinson@shs.starmat.uk

THIS DOCUMENT MUST BE READ BEFORE GIVING PARENTAL CONSENT ON PARENTPAY

Name of Visit: Flamingo Land
Date: Tuesday 9 July 2024
Departure time: 9am Return time: 6pm

By ticking the consent box on the parentpay website, you have agreed to the following three consent statements:-

PARENTAL CONSENT STATEMENT

I would like my son / daughter to take part in the activity above

Please arrange for payment via the parentpay website www.parentpay.com and provide emergency contact details including your home number and a mobile phone number. Your child will not be accepted on the trip without consent, emergency contact details and payment.

MEDICAL CONSENT STATEMENT

My child is in good health and does not suffer from any condition requiring regular treatment or any complaint that may require emergency treatment and will not be excluded from any activities. I confirm that:-

1. There are no activities that I do not wish my child to take part in.
2. My child does not suffer from any condition requiring regular treatment
3. My child does not suffer from any condition which may require emergency treatment
4. I give my consent to any emergency medical treatment necessary during the course of the visit.

If your child does have a medical need or condition please let us know via the parentpay website by including details of the condition and what action we would need to take if applicable in the **note box** prior to sending your payment. This needs to be done for every trip irrespective of whether the school has previously been informed.

For insurance purposes, if your child suffers from a serious complaint, please send a letter to the school enclosing a letter from your doctor confirming your child is fit to participate giving details of the complaint and its treatment. Please note this in the box prior to making payment so that we know we are expecting a doctor's letter.

If we do not receive notes via parentpay regarding any medical conditions, we will assume there are no medical conditions and no restrictions to the activities your child can participate in during the visit.

COLLECTION ARRANGEMENTS CONSENT (if applicable)

I understand that the return time is after normal school hours. I will arrange for a responsible person to collect my son / daughter from the **school bus park** on **New Lane** where necessary.

The letter inviting your child on the school trip will inform you if the trip is returning after normal school hours together with an approximate return time. That information is also on the top of this form.

PHOTOGRAPHS AND VIDEO RECORDINGS

I consent to photographs and video recordings of my child to be used by school and services for teaching and coaching purpose and for use in marketing and publicity in line with relevant policies.

BEHAVIOUR AND CONDUCT

I understand that my child must adhere to any code of conduct and behaviour set out by the visit/activity leader, school, service or external provider.

Home Administration of Medication Record

| | | |
|---|----------------|--|
| Name of student and tutor group | DoB | |
| Number of GP and contact number | | |
| Emergency contact details: Name | Contact number | |
| <p>Name of medication:</p> <p>Formula (e.g. tablets):</p> <p>(Name of student).....has already taken</p> <p>(dosage).....of the above named medication at (time).....</p> <p>Today. The next dose, as stated on the medication should be taken at</p> <p>(time).....</p> <p>Signed: (parent/carer)</p> | | |