



much more than just a school



14 February 2025



Dear Parent/Carer

### Year 8 End of Year Trip to London

On **Tuesday, 1 July 2025** students in Year 8 will have the opportunity to attend an end of year trip to London, visiting the Science and Natural History Museums.



The cost of the trip will be **£10**. This will include subsidised coach travel and entrance to the museums. This amount is non-refundable once we have purchased tickets. However, if the need arises to withdraw a student's invitation due to behaviour, then a full refund will be offered.



The activity will require all students to wear school uniform with sensible walking shoes. On the day of the trip, students will need to meet in school at **7.30am** to register before departing Park Community School at **8.00am**. Students will return by **4.00pm**.

If your child is entitled to a free school meal, one will be provided for them, otherwise a packed lunch will be required. A small amount of spending money will be allowed to purchase snacks or a souvenir.



If you wish for your child to attend, please return the permission slip and make payment by Friday, 28 March 2025. Payment can be made online via Scopay or by cash or card at school reception. Our preference is payment online.



This promises to be an enjoyable day, and I hope that this experience will provide an opportunity for the year group to enjoy quality time together.

Yours faithfully



Mrs H Wilson  
Head of Year 8



Success for All through Attainment, Resilience and Autonomy

Park Community School  
Middle Park Way, Havant, PO9 4BU  
**Headteacher:** Christopher Anders BA(Hons) MA **Head of School:** Ella Capaldi BA (Hons) MA  
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**Permission Slip**

**Year 8 Trip to London – Tuesday 1 July 2025**

- I give permission for my son/daughter.....  
(print name) to attend the above trip.
- I confirm I have made payment of £10.00, and I understand the terms stated in the letter of 14 February 2025.

Free School Meal?             Yes                             No

I am happy for my child to walk home at the end of the day             Yes                             No

Signed ..... (Parent/Carer) ..... Date

Contact number .....

*Reply no later than 28/03/2025 (HWI)*



# Park Community School

## Visit Consent Form for Park Students

### Educational **non-local/ 'adventurous'/out of hours** visit information and consent form

**Note:** for local, non-adventurous off-site activities during school hours the consents provided in the parental Consent Pack apply.

**Please complete both sides of this form**

Name of establishment	Park Community School, Middle Park Way, Havant, PO9 4BU
Trip to	
Staff organising	
Date(s) of Trip	

### Student Information

Student's first name			
Student's surname			
Date of birth	Age	Male / Female <b>Please circle</b>	
Address			Postcode
Student mobile number to be used on trip if necessary		Mentor Group	

### Next of Kin

Name of next of kin			
Relationship to student			
Contact numbers/email	Home	Work	
	Mobile	Email	
Name and address of student's doctor			
Doctor's telephone no			

Consent for the visit or venture	Please tick below
I have read the letter detailing the visit/activity and the proposed start/return times.	<input type="checkbox"/>
The student is in good health and physically capable of taking part in the activities.	<input type="checkbox"/>
In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.	<input type="checkbox"/>
I am aware that the travel insurance synopsis is available from school reception.	<input type="checkbox"/>

<b>Where water sports are part of the intended programme, please tick one of the boxes below to confirm the water capability of the student as appropriate:</b>		
My child is water competent (I confirm my child can swim 50 metres in a pool or sea) <input type="checkbox"/>	My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed) <input type="checkbox"/>	
My child is water confident (I confirm my child can swim 25 metres in a pool or sea) <input type="checkbox"/>	My child is not water comfortable and <b>I do not</b> consent to their involvement in water sports <input type="checkbox"/>	
The participant is a Park student and there are <b>no changes</b> to the medical form we have on record <i>(If 'NO' please complete Medical Information section below)</i>	YES	NO

### Medical Information

<b>Please circle appropriate answer</b>					
Asthma or bronchitis	Yes	No	Allergies to any known medication e.g. penicillin?	Yes	No
Heart condition	Yes	No	Any other allergies, e.g. material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No
If the answer to any of these questions is 'Yes', <b>please give details:</b>					
If it is considered necessary, do you agree to mild painkillers (e.g. Paracetamol) being administered				Yes	No
If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn?				Yes	No
Has the student received vaccination against Tetanus in the last 10 years?				Yes	No
Is the student receiving medical or surgical treatment of any kind from either their family doctor or hospital?				Yes	No
Has the student been given specific medical advice to follow in emergencies?				Yes	No
If the answer to either of the last two questions is 'Yes', <b>please give details here</b> (including name and dosage of any medicines/tablets):					
In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.				<b>Please tick to confirm</b> <input type="checkbox"/>	

### Use of student's image

During our visit we are likely to take students' images. The consent already given on the Parental Consent Form will continue to apply. <i>If you choose to change this consent please use our Consent Withdrawal Form available on the school website, MyEd and from school reception.</i>	<b>Please tick to confirm permission</b> <input type="checkbox"/>
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### GDPR Statement

By signing this form, I confirm my agreement to School processing my child's personal data for the purpose of supervising and supporting an educational visit. This data may be shared with event/trip providers, doctors and other professionals to help us keep your child safe. Any information given in this form about the student will be added to the student's record.
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<b>Signed</b>	<b>Please print name here:</b>
<b>Person with parental responsibility</b> <i>It is your responsibility, when giving your consent for your child to participate in an <u>overseas</u> school trip, to ensure that you have obtained the consent of any other person who has parental responsibility for your child.</i>	<b>Date:</b>

