

12 January 2012

Dear Parent

English Department Trip to see *Noises Off* at The Old Vic, London on Wednesday 7 March

Tickets have been secured to see Lindsay Posner's new production of Michael Frayn's irresistible, backstage comedy *Noises Off*.

Winner of both Olivier and Evening Standard Awards for Best Comedy, this celebrated play serves up a riotous double bill - a play within a play. Hurling along at breakneck speed it follows the backstage antics of a touring theatre company as they stumble their way through rehearsals to a shambolic first night and a final disastrous performance.

It is a matinee performance on Wednesday 7 March; we will be leaving school at 10.30 to catch the train from Portsmouth Harbour - pupils will need money for their train ticket. We should be back into Portsmouth Harbour at 7.10pm if all goes to plan.

If you are happy for your child to attend, please sign and return the consent form below. The cost of the ticket is £40 (reduced from £50). This will be added to the termly bill.

Please ensure that the medical centre has been informed of any change in your son/daughter's medical circumstances by telephoning 023 92364243 or email to medical@pgs.org.uk.

With best wishes

John Dunne

John.dunne@pgs.org.uk

To: John Dunne at The Portsmouth Grammar School

English Department Trip to see *Noises Off* at The Old Vic, London on Wednesday 7 March

Name of Pupil _____ Tutor _____

I would like my child to attend the above production, and I agree to the cost of the £40 being added to my termly bill.

Signature _____ Date _____

(Parent/Guardian)

Parental Consent and Information Form

This completed consent/information form must be with the Trip Leader by the date specified in the covering letter, otherwise the pupil will be unable to be included in the party.

Title of Trip:	English Department Trip to see <i>Noise's Off</i> at The Old Vic, London	Date:	Wednesday 7 March 2012
Pupil Details			
Pupil's full name:		Date of birth:	
Home address and contact address (if different):			
In an emergency I can be contacted as follows:	Home Tel:		Work Tel:
	Mobile:		email
If not available, please contact the following person:		Tel:	

Medical Information: Please tick Yes or No for each question and give details for each 'Yes'			
Does your child:	NO	YES	DETAILS
suffer from any allergy to food, medication, fur, bee sting etc.?			
currently receive treatment for or take any medication for or suffer from any medical condition?			
carry an inhaler, epipen, insulin kit or other? If yes, please ensure that a second labelled inhaler, epipen etc. is given to the Trip Leader for safe keeping.			
have any special dietary requirements?			
suffer from vertigo (fear of heights)?			
suffer from travel or motion sickness?			
Is there any physical activity your child may not participate in?			

Please Turnover

	NO	YES	DETAILS
Has your child had any recent illness or injury? If yes, please give details of what and when.			
Has your child had a tetanus injection in the last 10 years?			

Contact details for doctor: Name:	Address:	Tel:
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Please add any additional information you may consider the school should know. Please feel free to contact the Trip Leader if you would like to discuss particular needs more fully.

Please ensure that you inform the Trip Leader of any changes to this information before the start of the trip.

Conduct during the Trip

Pupils are expected to obey instructions given by the staff of any establishment visited, and activity instructors, as well as teachers. Normal school rules apply. In the very unlikely event that a pupil fails to comply, staff reserve the right to remove a pupil from a trip and make arrangements for their return home at parents' expense. In this situation no refund of trip fees would be payable.

Pupils are expected to take responsibility of all belongings, especially valuables, in accordance with arrangements specific to the trip. These are not covered by the school insurance policy.

Consent Declaration

I, being the parent/guardian of the child named at the head of this form, give consent for him/her to attend the proposed activity.

I have read and understood the expected code of conduct and agree that my son or daughter will abide by these instructions.

I realise that in some cases the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small, cannot be eliminated without making the activity pointless. Portsmouth Grammar School has done its utmost to minimise and manage these risks.

I give consent for him/her to receive emergency medical treatment, including anaesthetic and/or blood transfusion, as considered necessary by any medical doctor present, should the need arise. I have informed the school of all medical conditions or treatments that he/she suffers from or requires to maintain health. I agree to inform the group leader of any change in medical condition.

I am aware that the school has a detailed policy on the safe running of educational visits, which can viewed on the school website.

Name: _____

Signature and date: _____

Relationship to child: _____

Please return the signed form to the Trip Leader