



Principal Designate: Emma Smith

Dear Parent/Carer,

**LAB Learner Field Trip**  
**Kingswood Grosvenor Hall (residential, overnight stay)**  
**Monday 1st October - Wednesday 3rd October 2018**

Ahead of the start of the academic year, we are delighted to offer your child the opportunity to travel to Kingswood, the outdoor adventure and activities centre, at Grosvenor Hall, Ashford for the LAB learner field trip.

This residential opportunity, open to the whole Year 7 cohort, will take place from Monday 1st - Wednesday 3rd October 2018. Your child will undertake a variety of activities that focus on our values: Respect, Integrity, Ambition, Scholarship and Resilience through teamwork, communication and problem solving.

We have covered part of the trip cost but ask for £120 per child to include transport, insurance, all activities with full-board accommodation (breakfast, lunch and dinner provided - all dietary requirements can be catered for).

Should you wish for your child to travel with us to Kingswood, we would require full payment to be made by Friday 7th September. In addition, please return the completed reply slip and medical information document overleaf, when the academic year begins in September. If you wish to discuss payment methods, please contact [info@leighacademyblackheath.org.uk](mailto:info@leighacademyblackheath.org.uk). In the meantime, should you have any queries, please feel free to make contact via email ([jordan.tebbutt@leighacademyblackheath.org.uk](mailto:jordan.tebbutt@leighacademyblackheath.org.uk)).

Kind regards,

*Jordan Tebbutt*

Mr J Tebbutt  
Educational Visits Coordinator  
PE Teacher

Emma Smith  
Principal

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# Reply Slip - Kingswood Residential

We/I give permission for our son/daughter \_\_\_\_\_ to attend the Kingswood Residential Trip from Monday 1st - Wednesday 3rd October 2018. I can confirm that the payment of \_\_\_\_\_ has been submitted through ParentPay/Bromcom Pay.

I will ensure any medical information/dietary requirements are made explicitly clear on the medical form attached.

PRINT NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### CONFIDENTIAL

Please complete the entire form in as much detail as possible.  
**Medical Information – Kingswood Residential**

Child's Name (as shown on passport): \_\_\_\_\_

**BLOCK CAPITALS PLEASE**

Date of Birth: \_\_\_\_\_

Parent/Carer Name(s): \_\_\_\_\_

Emergency telephone No: \_\_\_\_\_

#### 1.Has your child ever had any of the following? (Please tick as appropriate)

	YES	NO
<b>MUMPS</b>		
<b>MEASLES</b>		
<b>GERMAN MEASLES</b>		

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<b>WHOOPING COUGH</b>		
<b>CHICKEN POX</b>		
<b>ASTHMA or BRONCHITIS</b>		
<b>HEART CONDITION</b>		
<b>FITS, FAINTING or BLACKOUTS</b>		
<b>SEVERE HEADACHES or MIGRAINE</b>		
<b>ANXIETY or DEPRESSION TENDENCIES</b>		
<b>DIABETES (sugar tolerance abnormalities)</b>		
<b>HAY FEVER</b>		
<b>TRAVEL SICKNESS / MOTION SICKNESS</b>		
<b>ALLERGIES TO ANY MEDICATION (Please state)</b>		
<b>ANY OTHER ALLERGIES, e.g. material, food etc.</b>		
<b>OTHER ILLNESS or DISABILITY NOT NAMED (Please state)</b>		
<b><i>FEMALES only:</i></b>		
<b>MENSTRUAL or other GYNAECOLOGICAL DISORDERS</b>		

Please provide details of any of the above that you answered 'yes' to (if applicable)

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**2. Does your child follow a specific diet?                      YES                      NO**

If YES please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Immunisation Status**

**Is your child vaccinated against Tetanus:                      YES                      NO**

**Date of Vaccination:** \_\_\_\_\_

**Date of booster:** \_\_\_\_\_

**4. Please give your family doctor's name, address and telephone number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Is your child receiving medical or surgical treatment from your family doctor or hospital and have they been given specific advice to follow in an emergency?**

**YES**

**NO**

**If YES please give details below and supply a doctor's letter confirming the treatment.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please state below any further information, which you feel may be of assistance to the staff in charge of the group while on the trip.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that while the school staff in charge of the group will take all reasonable care of my child, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son or daughter, which occurs as a result of the school journey.**

**Signed:** \_\_\_\_\_

*PARENT / CARER*

**Name:** \_\_\_\_\_

*PARENT / CARER – BLOCK CAPITALS PLEASE*

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