

Adam Darley, Headteacher

14 February 2020

Re: Big Bang event

Dear Parent/Carer,

An opportunity has arisen for the Science department to take a group of year 8 students to attend the "Big Bang event" being held at Bovington Tank Museum on Wednesday 18th March 2020.

The Big Bang is a programme of UK-wide events that is specifically designed to get students excited about Science, Technology, Engineering and Maths (STEM subjects). This year's event will include fun-filled shows, hands-on exhibits, interactive workshops and a wide range of careers information from local and national employers.

We shall leave school by coach at approximately 9.00am and return to school by 12.30 in the afternoon. Your son/daughter should wear their school uniform to this event and, as ambassadors for the school must conduct themselves appropriately at all times during the trip.

The cost to the department for the hire of transport and insurance for this event works out at £1.00.

This trip is open to a maximum of 60 students, on a 'first come' basis.

I would be grateful if you would sign and return the slip below to student services along with the cost of the trip.

Yours sincerely,



Mr D Hobbs
Key Stage 3 Science Coordinator



Adam Darley, Headteacher

Consent Form

Please return to Student Services by: **Friday 6th March 2020**

Cheques Payable to: The Purbeck School

Please complete all the details and then sign and return the form to Student Services. Do not contact the school if you have any questions or doubts about this form.

I give consent for my son/daughter to take part in: **The “Big Bang “science event, Bovington Tank Museum on Wednesday 18th March 2020**

Child:.....TG:.....Parent or Carer:.....

Please describe any health, medical or allergy problems that might affect your child on this trip.*

.....

Please describe any special dietary requirements your child may have including any food allergies.*

.....

Doctor’s Name:.....Telephone Number:.....

Child’s Date of Birth:.....DH/NHS Number:.....

Home address:.....

.....

Emergency contacts:

Telephone Number

Contact Name

Relationship

1).....

2).....

Consent For The Trip:

- I have read details of the above visit and I agree to my child taking part in the visit and the activities involved.
- I agree to my child receiving emergency medical treatment if necessary: I understand that the party leaders will do their best to contact me prior to any such treatment.
- I understand that arrangements for the care, supervision and discipline of my child will be in accordance with the normal policies and practice of the school. I agree to reinforce the need for my child to follow the school’s code of behaviour on the trip.
- I accept that neither the County Council, the school, nor their representatives can be held liable for any loss of personal effects or money.

Parent/Carer signature:.....Date:.....

*It is important that the staff know about any illnesses or conditions which your child may have and which may affect his or her participation. If necessary, and only after discussion with the party leader, please supply the party leader with any medicines your child may need while away, together with written instructions. This medical information will be treated in confidence.

