

**Chester Zoo visit**

Dear Parent/Carer,

As part of Year 8 science curriculum there is an opportunity to visit Chester Zoo and apply knowledge learnt around the topic of ecology, this includes real life examples of ecosystems, abiotic and biotic factors as well as considering the ethical argument for and against zoos. This is an exciting educational visit that will enrich students understanding of science in the real world.

This visit is on **Monday 17<sup>th</sup> October**. We will be departing Leesbrook at approximately 8:30am. Student can wear non uniform and will attend school in the morning at the normal time of 8:15am. They will be back at 4:40pm. The cost of the trip will be £10, please can this be paid via MCAS.

Students who receive free school meals will be able to take a packed lunch from the canteen. Students who do not receive free school meals will bring their own lunch. School expectations still apply, and use of mobile phones will not be allowed.

Students must complete all attached forms and hand **to reception only** by **Monday 26<sup>th</sup> September**. Medical forms **must** be completed in full for any students to be able to attend the event. If you have any questions, then please contact the school.

Kind regards,

Ms Fameeda Jasat

Head of Science

.....  
**Chester Zoo Monday 17<sup>th</sup> October 2022**

Student Name: .....

Family Leader: .....

I give permission for my child to attend Chester Zoo on Monday 17<sup>th</sup> October

I give permission for my child to be photographed on this trip and the image to be used in Oasis Academy Leesbrook marketing and social media.

Signed: ..... Parent/Carer

**PARENTAL CONSENT AND MEDICAL FORM**

**Name of Activity:**  
**Date of Activity:**

E: [Info@oasisleesbrook.org](mailto:Info@oasisleesbrook.org)

T: 0161 290 4004

Facebook: @OasisAcademyLeesbrook

Twitter: @OasisLeesbrook

OA Leesbrook, Roxbury Avenue, Oldham, OL4 5JE

<b>Student's Name:</b>			
<b>Date of Birth:</b>		<b>Tutor Group:</b>	
<b>Home address:</b>	<b>Postcode:</b>		
<b>Name of Parent/ Carer:</b>			
<b>Parent/carer contact Telephone numbers</b> (For emergency use only):	<b>Day time:</b>	<b>Evening:</b>	
	<b>Other (mobile):</b>		

**I have read the details about this visit and hereby give my consent to:**

- (i) My child participating in the activities described.
- (ii) The Academy obtaining or rendering properly-qualified medical assistance to my child in the necessary circumstances.
- (iii) The Academy, where appropriate, administering the prescribed dose of any required medication as advised by a pharmacist, e.g. Paracetamol or travel-sickness tablets.

**I also acknowledge:**

- (i) The need for my child to be obedient and act responsibly.
- (ii) The Academy may refuse to take my child on the activity, if he/she exhibits serious misbehaviour before the activity. In the event of serious misbehaviour during the activity, the Academy has the right to exclude my child from the remaining part of the activity. In either case the Trip Leader's decision shall be final and I shall forfeit all monies paid in respect of the activity. I also understand that I may be requested to collect my child from the activity's venue at my own expense, in the case of serious misbehaviour.

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- (iii) That any photographs or video film taken during the visit must be solely for your individual family's use and must not be distributed more widely. Photographs may also be taken for publicity use by the Academy.
- (iv) That for some activities there may be occasions when a member of Academy staff or another parent will transport my child by private car as opposed to the use of a coach or bus.
- (v) That the Government Guidance states, "Trip Leaders should ensure that transport by road has seat belts and that students wear them". This is fully endorsed by Oasis Community Learning, who has further advised that, in the event of a student refusing to wear the seat belt, the Trip Leader has the right to refuse to take that student on the visit.

**SIGNED:** ..... **DATE:** .....

(Parent/Guardian with Parental Responsibility)

**PRINT NAME:** .....

<b>MEDICAL FORM</b>	
<b>Student Name</b>	
<b>Family Doctor:</b>	
<b>Surgery Address:</b>	
<b>NHS Number</b>	
<b>Nationality &amp; Passport Number</b> <i>(for trips abroad)</i>	

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<p><b>Please state any relevant medical conditions and medical requirements:</b> (e.g. allergies, asthma, diabetes, epilepsy, fainting, including any necessary medication or treatment). If none, please state NONE:</p>	
<p><b>Is there any other information which you feel we should know?</b></p>	
<p><b>Has your child had a tetanus vaccination?</b></p>	<p><b>If so, when?</b></p>
<p><b>Please state any dietary requirements</b> (e.g. vegetarian, food allergies, or food avoided for religious purposes)</p>	

I certify that the above information is correct, and I hereby authorise the teacher in charge of The trip to give permission for medical treatment if required.

**SIGNED:** ..... **DATE:** .....  
 (Parent/Guardian with Parental Responsibility)

**PRINT NAME:** .....

