



Brayton
Academy

Head of School: Al Moon BSc MEd NPQH

Brayton Academy
Doncaster Road, Selby, North Yorkshire, YO8 9QS
T: 01757 707731
F: 01757 213389
info@braytonacademy.org.uk
www.braytonacademy.org.uk

Our Ref LSI/jbr
5th March 2019

Dear Parents & Carers;

Visit to York Designer Outlet – Monday 18th March 2019

As part of the Year 9 pre-option business studies course pupils are taking part in a project in conjunction with the York Designer Outlet. Pupils will need to conduct independent research into the facilities and will take part in a short workshop conducted by the outlet staff.

We will be leaving the academy at 9.15am and arriving back at approximately 12.25pm in time for lunch. There is a voluntary contribution for the trip of £6.00 to cover the cost of the coach and this can be made using parent pay, cash or cheque.

During the visit students will be expected to stay in groups but for some of the time will be independent from me, they will be provided with emergency contacts for myself and school. The students are required to wear full school uniform and will need a pen and pencil.

Please read the information attached with regards to consent and medical information. If you are willing for your son/daughter to take part, please could you fill out the consent form below along with the attached medical form and return it to me by Monday 11th March.

Yours faithfully

Mrs L Singleton
Deputy Director of Learning and Teacher of Business Studies

BRAYTON ACADEMY
York visit Monday 18th March

Student Name: _____ Tutor Group: _____

I do/do not give* permission for my child to go on the business studies trip on Monday 18th March 2019.

- I have completed and returned the medical form.
- I will make payment via ParentPay
- or I have enclosed cash/cheque

Signed: _____ Date: _____

Print Name: _____

Please return slip and medical form to Mrs Singleton by Monday 11th March.



PLEASE COMPLETE AND RETURN TO BRAYTON ACADEMY

Student's Full Name: _____ Form: _____

Address: _____

Date of Birth: _____ Doctor: _____

Home Telephone Number: _____

Telephone number to contact in emergency if away from home: _____

Any medical problems the Brayton Academy staff should be aware of:

MEDICAL AUTHORITY

As parent or carer of _____ (Student's Full Name)

I the undersigned, confirm that I have informed the Brayton Academy staff of the afore-named student's allergies and of any medication that he/she will be taking on any trips/fixtures/tournaments. I will inform the Brayton Academy staff of any changes to my child's medical conditions.

I the undersigned give permission to the organisers of any fixture to take all necessary measures in case of emergency, acting on behalf of the above mentioned student.

I hereby grant the said organisers the authority to approve ambulance transport and treatment, to approve admission to hospital and to approve treatment recommended by medical staff.

N.B. It should be stressed that the above authority will only be used in the event of an emergency. Should any accident occur that requires less urgent action, every effort will be made to contact parents first, using the numbers given above.

Signed: _____ Parent/Carer

Date: _____