



Headteacher: Mrs L Ayling BA (Hons) NPQH

March 2018

Dear Parents/Carers

**'Wicked' Theatre Trip Wednesday 21 March 2018**

I am pleased to inform you that you have booked and paid for tickets for your daughter to see the critically acclaimed 'Wicked' at The Empire Theatre on **Wednesday 21 March 2018**. The trip promises to be a fantastic opportunity for students to see a live theatre production which will help them develop confidence and appreciate the art involved in Prenton Theatre Company performances.

Students will travel by coach, leaving school at approximately **6.30pm** and will return by approximately **10.30pm**. Due to the late return, all students will need to be collected from school by a parent/carer. Students will be asked to register with staff on the corner of Riveira and Bedford Drive at **6.15pm**.

Tickets will be given out when students are registered and on the coach. We expect the highest standards from our students at Prenton High School for Girls as they will still be representing the school whilst watching the performance. Any student who cannot adhere to these standards will be removed from the theatre and parents will be asked to collect.

As the trip is already paid for we ask that you sign a consent form attached to this letter. Anyone who does not send back a consent form will not be permitted to attend. Can all consent forms be returned to Mrs Burns by **Wednesday 14 March**.

Yours faithfully

Mrs C Burns  
Subject Leader – Music

**PARENT/CARER CONSENT FORM FOR EDUCATIONAL VISITS**

**(TO BE RETURNED BY WEDNESDAY 14 MARCH)**

**Visit to: WICKED – The Empire Theatre**

**Date: Wednesday 21 March 2018 6.15pm – 10.30pm**

I agree to my daughter \_\_\_\_\_ of Form \_\_\_\_\_ taking part in the above mentioned visit and having read the information sheet, agree to her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on her part.

I understand that the teacher in charge of the party will be acting *in loco parentis* and in the event of an accident I agree to my daughter receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Prenton High School for Girls is insured in respect of its legal liabilities only and that there is no personal accident, or other cover, unless I have been advised specifically by the organiser. Accidents may therefore arise for which Prenton High School for Girls is not responsible. Parents may wish to obtain suitable insurance to cover such eventualities.

I understand that I am required to collect my daughter and that she will not be allowed to leave without a parent.

**Parent/Carer signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Telephone No:** \_\_\_\_\_

**Contact Telephone No:** \_\_\_\_\_

By signing this letter, I am confirming that I have parental responsibility for the child named.

**PLEASE ENSURE THAT YOUR DAUGHTER/WARD BRINGS WITH HER ANY RELEVANT MEDICAL INFORMATION AND CONTACT NUMBERS**