

08 June 2018

Dear Parent/Carer

VISIT TO YORK ROSE THEATRE FOR A PERFORMANCE OF SHAKESPEARE'S *MACBETH*, THURSDAY 10TH JULY- 7PM-10PM.

The English Department would like to invite your child to attend a performance of Shakespeare's *Macbeth* at the Rose Theatre, York. The performance will cost a total of **£22**. This is heavily reduced from the normal rate of performances at the Rose Theatre. There are a limited number of tickets available, so names of pupils who have returned the relevant forms by the deadline will be entered into a hat, and parents will be informed by email if their child has gained a place.

As it is an evening performance, students will be required to make their own way to the venue (meeting point at Hilton Hotel on Tower Street) for **7:00pm**, and we would ask that they be collected for **10:00pm** by a parent or guardian when the performance ends. If you wish to arrange an alternative method for your child to return home, please provide a signed note expressing this wish.

We hope that this trip will support students' understanding of the play, which they will study again for their English GCSE, whilst offering them the enriching experience of viewing Shakespeare at an immersive theatre, much like it was in Shakespeare's era.

Please complete the reply slip below and the attached consent form and return them to Ms. Redman **by Tuesday 12th June**.

Yours faithfully,

A Redman

E Arnold

Ms. A Redman, Teacher of English

Mrs. E Arnold, Head of English

**REPLY SLIP- VISIT TO YORK ROSE THEATRE, TOWER STREET
To be returned to Ms. Redman (B15 or English Office)**

STUDENT NAME: FORM:

	I give permission for my child to participate in the visit to York Rose Theatre on Thursday 10 th July 2018
	I enclose the Parental Consent Form
	I give permission for Millthorpe to take photos of my child for school communication purposes (e.g. Twitter, newsletter)

Signed: Parent/Carer

Date:



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Company Number: 10067116
Registered Office: Millthorpe School, Nunthorpe Avenue, York YO23 1WF





MILLTHORPE SCHOOL – PARENTAL CONSENT FORM

Student Name: Tutor Group:
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Address:.....
.....

Name & Contact Tel. No. of Parent/Carer:
.....

Alternative Emergency Contact Name & Tel. No:
.....

I CONSENT TO MY CHILD PARTICIPATING IN THE FOLLOWING VISIT:

1. Details of Visit

Date of Visit:	Tuesday 10 July 2018
Visit to:	ROSE THEATRE, YORK – PERFORMANCE OF 'MACBETH'

2. Medical Information

a) Does your child have any conditions requiring medical treatment or medication?.....**YES / NO**

If **YES**, please specify condition, any treatment, medication and dosage:

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.....

.....

b) Is your child allergic to any medication, foodstuffs, wasp stings, etc? **YES / NO**

If **YES**, please specify:

.....

c) Please give details of any other medical information that we should know about:

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.....

d) Name of family doctor: Tel. No:

e) Special dietary requirements (residential visits only):

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3. **Declaration**

- *I have read the information sheet giving details of the above visit and wish my child to be allowed to join the party for the visit and to take part in all activities.*
- *I consent to my child being given any necessary emergency medical treatment during the course of the visit.*
- *I consent to my child being returned to the care of a member of staff of Millthorpe School following any medical treatment.*
- *I consent to staff administering prescription medication required by my child (details above).*
- *I consent to staff administering pain relief medication to my child where appropriate (e.g. Paracetamol).*
- *I will advise the Trip Organiser of any change in medical or other circumstances between now and the commencement of the visit.*
- *I acknowledge the need for my child to behave responsibly.*

Signature of Parent/Carer: Date:
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**THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**