



IDSALL SCHOOL

A specialist Sports College

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Headteacher: Mr. A. Parker B.A. (Hons), NPQH, FRSA

8 February 2010

Dear Parents/Guardians

I write to invite your son/daughter to take part in an exciting musical opportunity. I have 19 tickets to see a live professional orchestra, The City of Birmingham Symphony Orchestra at the Wolverhampton Civic Halls. It is a must see for all music exam students. The tickets have been donated to the school by Mr Blackstock one of our governors.

The trip is on Thursday 25th February, and we will be leaving school at 6pm and will return at approximately 10pm. You will need to organise transport to and from school for your child. The cost of the trip is £7.00 for the transport.

Places are limited and will be allocated on receipt of your consent form and on a first come first served basis. If you wish your son/daughter to go please complete and return the parental consent slip attached to the Finance Office as soon as possible or by Monday 11th February, with cash or cheque for the sum of £7.00 (Cheques made payable to Idsall School Fund).

I do hope that you can support your child with their music making, their potential is truly amazing.

Yours faithfully

R. Heywood
Head of Music



Return to: Mrs Shimmons, Finance Officer

**Birmingham Symphony Orchestra,
Wolverhampton Civic Halls**

Thursday 25th February

I give permission for my son/daughter (please print name)

to take part in the Music Trip as outlined in the trip letter attached.

I enclose cash / cheque for the sum of £7.00

(Cheques made payable to Idsall School Fund)

Signed..... parent/guardian

PLEASE COMPLETE BOTH SIDES OF THE FORM



Idsall School



1. Details of Visit to: Birmingham Symphony Orchestra, Wolverhampton Civic Halls

From: Date/Time: 25.02.10 6pm

To: Date/Time: 25.02.10 10pm

I agree to _____ (name of child) taking part in this visit and have read the information sheet.

I agree to _____'s participation in the activities described. I acknowledge the need for _____ to behave responsibly.

2. Medical Information about your child:

a. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

b. Is your child allergic to any medication or have any allergies? YES/NO

If YES, please specify:

c. Please state the type of pain relief medication your child may be given if necessary:

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency Contact telephone numbers:

Name: _____ Work: _____

Home: _____ Mob: _____

Alternative emergency contact:

Name: _____ Telephone Number: _____

Signed: _____ Parent/Guardian Date: _____

Full name (capitals): _____

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