

# PRINCE HENRY'S HIGH SCHOOL

An "Outstanding" Academy for Students aged 13-18

Headteacher: Dr A A L Evans BSc(Hons), PhD



February 2023

Dear Parents/Carers

## **Cotswold Wildlife Park 2023**

The Geography department is pleased to offer Year 9 students the opportunity to take part in a day trip to the Cotswold Wildlife Park on **Tuesday 14 March 2023**. During the visit students will have a tour of the wildlife park and have a presentation about the conservation efforts taking place for protected species such as Asiatic Lions and Clouded Leopards.

The students should report to Henry's café at **9.00am**, where they will be registered. Students are required to **wear full school uniform** and should bring with them trainers or comfortable shoes, waterproof clothing in case of rain, and a packed lunch and snacks. The **cost per student is £17.50** and this includes entry, a tour, an educational talk and coach transport. We will return to school by **3.25pm** in time for the school buses.

Places on the trip are limited to 50 students. If the trip is over-subscribed then names will be picked at random, and a waiting list will be in operation. Payment should be made via Parentpay. If you have not activated your Parentpay account or if you need any assistance then please contact the school finance team by email to [parentpay@princehenrys.worcs.sch.uk](mailto:parentpay@princehenrys.worcs.sch.uk).

Please complete and return the attached form to Student Reception by **Tuesday 28<sup>th</sup> February 2023**.

If you have any queries please do not hesitate to contact me at school.

pYours sincerely

Mr D Cains  
Head of Geogreaphy

Victoria Avenue, Evesham, Worcestershire WR11 4QH

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The Prince Henry's High School Academy Trust trading as Prince Henry's High School, registered as a company in England and Wales at the above address. Reg No 07512962

**Working in collaboration with Bredon Hill and St Egwin's Middle Schools**

## EDUCATIONAL VISITS – PARENTAL CONSENT FORM

Student: .....

Form: .....

I agree that my child may take part in the educational visit organised by the school to visit

### **The Cotswold Wildlife Park**

To take place on: **Tuesday 14<sup>th</sup> March 2023**

At: **Cotswold Wildlife Park**

Signed: .....

Date: .....

(Parent/Carer)

1. Pupils are insured against personal accident through the School's Insurers. A detailed copy of the policy outlining benefits is available on request from the School Office.
2. The Governors accept no responsibility for accidents or injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the school or any member of its staff.
3. Parents/Carers are advised, wherever possible, to give the school a telephone number at which they can be contacted in case of emergency, in particular when urgent medical treatment may be necessary. Parents/Carers who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign below.

### **Emergency Contact Number for duration of visit (preferably two)**

1st) Name of Contact .....Telephone No: .....

2nd) Name of Contact .....Telephone No: .....

I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed: .....

Date: .....

(Parent/Carer)

If you have any medical information which you think the Party Leader should be aware of please give details.

.....

.....

**Parentpay Reference (from your confirmation email).....**

## Prince Henry's High School Medical Information Sheet

Pupils Name: \_\_\_\_\_ Form: \_\_\_\_\_

Trip: \_\_\_\_\_

|                                                                                                   |  |
|---------------------------------------------------------------------------------------------------|--|
| Home Address:                                                                                     |  |
| Phone Number:                                                                                     |  |
| Emergency Contact Number (if different from above):                                               |  |
| Doctors Name:                                                                                     |  |
| Doctors Address:                                                                                  |  |
| Doctors Phone Number:                                                                             |  |
| Details of any medical condition which may affect pupil during the visit:                         |  |
| Details of any medication to be taken during visit:                                               |  |
| Can your son/daughter swim?                                                                       |  |
| Do you consider your son/daughter is physically fit enough to take part in the proposed activity? |  |
| Any further information you think the Party leader should be aware of:                            |  |

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_