



GROVE SCHOOL
A mind set to succeed

Dear Parent/Carer,

At Grove School, we aim to provide a well-rounded academic and personal education for your child which includes experiences that will stay with them beyond their time at school. With this in mind, we are arranging a visit to CERN in Geneva: a potential once in a lifetime experience.

We will be leaving school at **2.30am** on **Friday 16th February 2018** and will return to Grove at approximately **11pm** on **Monday 19th February 2018**.

Over the four days, your child will take part in a range of activities in Geneva. We will visit CERN for a guided tour on Saturday 17th February.

Our outward flight is at 7am from Liverpool airport and arrives in Geneva at 9.55am. Our return flight leaves Geneva at 8.50pm and arrives in Liverpool at 21.50pm. We are flying with EasyJet.

Accommodation has been arranged at Geneva Hostel (<https://genevahostel.ch/en>). The trip has been organised by a firm called Adaptable Travel (<http://www.adaptabletravel.co.uk/>). A summary of insurance cover is available on request.

The total cost of this trip is £400. A deposit of £100 would need to be paid by Monday 18th September. Further payments of £100 need to be paid by 16th October, 30th November and 15th January.

Regretfully, we are unable to take any pupils who will be less than 13 years old on 17th February 2018 due to CERN safety restrictions.

If you would like to register your child's interest in this trip, please complete the attached form and return it to Dr Whitehead by Wednesday 13th September. I apologise for the short turn-around time. If you have any further questions then please get in touch via the school or feel free to email debra.whitehead3@groveschool.net.

An information evening to provide further information will take place in the second half of this term.

Yours faithfully

Dr DS Whitehead
Progress Leader: Year 11



Headteacher: **Mrs Sonia Taylor**

Newcastle Road, Market Drayton, Shropshire TF9 1HF

Tel: **01630 652121** E-mail: office@groveschool.eu Web: www.grove-school.co.uk



CERN Trip Consent Form

Please return to Dr Whitehead by Wednesday 13th September.



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1. Details of Visit to:

CERN Friday 16th February, 2018, at 2.30am and returning to Grove by approximately 11pm on Monday 19th February 2018.

I agree to _____ (name of child) taking part in this visit and have read the information sheet. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

2. Please state your child's name EXACTLY as it appears on their passport.

3. Date of birth:

4. Medical Information about your child:

- a. Is your child affected by any illnesses or disabilities relevant to this visit? YES/NO
If YES details:

- b. Is your child currently taking any medication? YES/NO
If YES details:

- c. Is your child currently receiving medical treatment? YES/ NO
If YES details:

- d. What type of pain relief medication may your child be given if necessary?

- e. Is your child allergic to anything? YES/NO
If YES, details (severity, treatment etc):

- f. Please outline any special dietary or other requirements of your child:



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g. Date of last anti-tetanus injection? _____

I will inform Dr Whitehead as soon as possible of any changes in my son/daughter's medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my son/daughter receiving medication as I have instructed. I authorise the leaders and first aiders on this visit to give permission for my child to receive any emergency dental, medical or surgical treatment, including the administration of anaesthetic as considered necessary by the medical authorities present if this should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.

Note: If there are some medical treatments you will not consent to please ensure that you tell the party leader about these and attach details to this form.

I understand the extent and limitations of the insurance cover provided.

Signed: _____ Date: _____

Full name (capitals): _____

Contact telephone numbers:

Mobile: _____

Work: _____ Home: _____

Home address:

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

GP / Consultant's name: _____ Telephone number: _____

Address _____



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