



# Coopers School



## An IB World School

Principal: Mrs S Puxty BSc (Hons) NPQH  
Headteacher: Mrs S Wood BA (Hons) NPQH

*'Enabling learners of today to become achievers of tomorrow'*



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31 October 2018

Dear Parent/Carer

### Re: Year 7 LEAP Day trip to Jump Giants

I am pleased to offer your son/daughter the opportunity to attend the Jump Giants LEAP Day trip on 5 December 2018. Students will need to attend school for normal time and they will be driven to Jump giants for an exclusive hire. Students will be brought back to school to be dismissed at the end of the school day.

The trip will cost £25 which can be paid via WisePay. Students will need to bring a packed lunch on the day but there is a small café on site that the students may wish to visit during the trip. Students will need to come to school wearing comfortable clothing that is appropriate for a trampolining park.

All students will need to have a waiver completed before they can attend the trip. The waiver can be found on <https://www.jumpgiants.com/locations/thurrock>.

The activities included in the day are:

- Dodgeball
- Slamball
- Foam zone
- Total wipe out

For additional information please see the following website address <http://www.jumpgiants.com/groups-and-events/schools-clubs>.

Please note, your child will NOT be allowed to attend this trip if the parental consent form has not been returned and the waiver form not completed.

If you have any questions regarding this trip, please do not hesitate to contact me on [lmccabe@e21c.co.uk](mailto:lmccabe@e21c.co.uk).

Yours faithfully

Mr L McCabe  
Head of GCSE and Newton House

Senior Vice Principal: Matthew Baker Vice Principals: Rob Carling | Samantha Chapman | Hazel Hatch  
*Curious Creative Resilient Respectful Empathetic*



**Parental consent form for an off-site visit**

**Re: Jump Giants 5 December 2018**

I agree to (Student name) \_\_\_\_\_ taking part in the visit and have read the information letter.

I do not wish (Student name) \_\_\_\_\_ Form \_\_\_\_\_ to take part in this trip for the following reason: \_\_\_\_\_

\_\_\_\_\_

- I acknowledge the need for him/her to behave responsibly.
- I confirm I have made my payment on WisePay. This can be accessed through the School Website.
- I give permission for any photographs, which may be taken on the trip of the above-named student, to be used in school displays and/or on the website. Yes / No (please delete as appropriate)

**Medical Information:**

a) Does the above-named student have any condition requiring medical treatment, including medication? Yes / No  
If yes, please give brief details: \_\_\_\_\_

\_\_\_\_\_

b) Please outline any allergies, and the type of medication which may be given for pain/flu relief, if necessary:

\_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone number 1: \_\_\_\_\_ Telephone number 2: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Alternative Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Declaration**

I agree to the above-named student receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the Group Leader / Headteacher as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the trip.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship to student: \_\_\_\_\_