

24 September 2019

Dear Parent/Carer

**Viola Arena, Cardiff**  
**Year 10 and 12 Team Building**

To welcome the new Year 10 and 12 groups to IKB a compulsory Team Building activity has been arranged to take place on Wednesday 2<sup>nd</sup> October 2019 at the Viola Arena in Cardiff.

Details of the event are as follows:-

<b>Location:</b>	Viola Arena, Cardiff
<b>Date:</b>	Wednesday 2 <sup>nd</sup> October 2019
<b>Time of departure from school:</b>	9.00am
<b>Time of return to school:</b>	3.05pm
<b>Mode of Travel:</b>	Coach
<b>Cost:</b>	£18.00 (including skating session and travel)

Students will not be required to wear school uniform but must be dressed appropriately for the activity. Please can students bring a packed lunch.

Please note it is a ruling by the Governing Body, under Health and Safety, that any student who requires an inhaler must have it in his/her possession for the duration of the visit. A student who needs but does not have an inhaler will not be allowed to attend.

If you wish for your son or daughter to participate in this event, please complete the attached permission slip by **Friday 27<sup>th</sup> September 2019** and return with payment of £18.00 by cash or cheque. Cheques should be made payable to "IKB School".

Yours sincerely

Mr D Wilkinson  
Principal

**IKB ACADEMY**

**Due to health and safety legislation, if this form has not been completed, returned and logged, your son/daughter will not be able to take part in this visit.**

<b>Student Name</b>	
<b>Emergency Contact 1</b>	
<b>Contact Number</b>	
<b>Emergency Contact 2</b>	
<b>Contact Number</b>	
<b>GP Surgery</b>	
<b>GP Contact Number</b>	
<b>Important : Please advise us of any health issues that the Visit Leader should be aware of (e.g. physical, medication carried, allergies to food or medicine)</b>	
<b>My son/daughter carries an asthma inhaler</b>	Yes / No
<b>My son/daughter carries an epi-pen</b>	Yes / No

**Declaration**

I give permission for my son/daughter to attend Viola Arena Wales on Wednesday 2nd October 2019

My child is entitled to Free School Meals and will require a packed lunch

My child is Pupil Premium

I give permission for my son/daughter’s image/photograph to be used in promotional literature for IKB Academy

As parent/carer of the above named student I have read, understood and am satisfied with the details supply about the above mentioned activity and assessed risks associated with them and I agree to him/her taking part. I agree that:-

- My son/daughter is fit to participate in the activities described
- He/she will comply with any special conditions applicable and that any unacceptable or bad behaviour which exists or reoccurs during the visit/activity may lead to him or her being excluded and mechanisms put in place to return persistent offenders home with associated costs borne by the parents/carers of that student
- If I cannot be contacted, I give permission for any emergency dental or medical treatment that is considered necessary by the medical authorities present, to be authorised by the party leader whilst the group is away from home

Name of Parent/Carer (IN BLOCK CAPITALS) .....

Signature ..... Date .....