



Dear Parent/Carer

25<sup>th</sup> March 2019

**Year 12 Health & Social Trip to Body Worlds Museum Experience**

Thank you for the £20 payment for the above trip. I can confirm that I have booked a visit to the **Body Worlds Museum Experience in London Pavilion, 1 Piccadilly Circus, London, W1J 0DA on Friday 14<sup>th</sup> June 2019**. This museum experience will help to reinforce students' learning about the inner workings of the human body and the effects of daily life on health.

Students will need to buy their own train tickets and travel independently to **London Victoria** where I will meet them at **10.35 a.m. outside WH Smith, middle of concourse in Victoria Station**. Once assembled we will make our way to Piccadilly Circus on the London Underground to the Museum Experience. Our group has been given an allotted time slot to the museum so it is essential that we arrive on time. Students can bring a packed lunch with them, but for safety reasons only small hand bags (30 x 30 cm) are permitted throughout the attraction, any bags that are larger will be charged a fee to be put in a locker available at the box office.

After the Museum Experience, I shall be returning to London Victoria. If students want to leave the group to visit other locations in London, I will treat this element of the trip as if they were unaccompanied and will allow them to leave as they prefer. If you would prefer me to accompany your child back to London Victoria then please indicate on the reply slip below your preference. **Please return the reply slip to me/Humanities Office by Friday 5<sup>th</sup> April 2019.**

Yours faithfully

Mrs C Sayers  
Health & Social Teacher

----- **REPLY SLIP** -----

**YEAR 12 HEALTH & SOCIAL CARE TRIP TO BODY WORLDS MUSEUM EXPERIENCE**  
**PLEASE RETURN REPLY SLIP TO MRS SAYERS/HUMANITIES OFFICE BY 5<sup>TH</sup> APRIL 2019**

I am aware that the school has a policy on the safe running of educational visits. I am also aware that the school's educational visits are always well organised with particular attention to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the school leaders of the visit retain the same legal responsibility for students as they have in school and will do everything that is reasonably practicable to ensure the safety of everyone on the visit.

**Student's Name:** ..... **Tutor group:** .....

**Please delete as appropriate:**

I do/do not give permission for my son/daughter to participate in the trip named above.

I do/do not give permission for my son/daughter to travel unaccompanied after he/she has visited the Body Worlds Museum.

I would prefer my son/daughter to travel back accompanied to London Victoria.

I consent to any emergency medical treatment necessary during the course of the visits.

*Please note that it is the responsibility of the parent/guardian to provide correct and up-to-date contact and medical information. Please use the parent portal via the school's website to provide this information, alternatively forms can be collected from Student Services.*

**Signature:** ..... **Date:** .....

Headteacher: Mr N Bradwell BA (Hons) NPQH

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