Sherburn High School

Achievement for all

Headteacher: Ms Miriam Oakley

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Yorkshire Learning Trust

Our Ref: LJN/HWN

21st October 2025

Dear Parents/Carers

Winter Wonderland and Ice Skating Thursday 11th December 2025

To celebrate a positive start to Year 12 and 13 studies we are joining our collaborative Sixth Form from Tadcaster Grammar School for a visit to the Winter Wonderland at the York Designer Outlet on Thursday 11th December 2025.

During the evening, students will have the opportunity to ice skate, do some Christmas shopping and to share food with friends. Students would be required to bring money for any shopping and refreshments.

Dates and Timings

Students will need to arrange their own transport to and from the Designer Outlet on Thursday 11th December 2025, meeting at 16:45 for the 17:15 skating session. Staff will be present from 16:45 until 18:30.

Cost and Payment

The total cost of this trip is **£14.50** per student including entry to the Winter Wonderland and ice skating with skate hire.

If you wish your child to participate, can you please make arrangements to pay by debit/credit card on the parentpay website at **www.parentpay.com**, give consent and provide details of any medical conditions and also an emergency contact number. If you have not received an activation letter to log-on to parentpay, please contact the school as soon as possible and we can arrange to send one out to you. **Your child will not be allowed on the trip until payment is received together with the requested contact and medical information.**

Payment must be received no later than Friday 7th November 2025. Please note, as payment will be passed straight to the Winter Wonderland, this payment is non-refundable.

Medication and Medical Conditions

If your child has taken any medication on the morning of the trip, **please fill in the form attached to this email** and send it to school with your child so that we have a record. If your child will need to take any medication on the day of the trip please make sure that it is **in its original packaging and placed in an envelope or sealed plastic bag with the name of your child on and details of when and how much needs to be taken**. Your child will need to hand the medication to me on the morning of the trip and this will be kept safe for them until they need to take it. **Please note that we will be unable to hand any spare medication back to students at the end of the trip.** Medication will need to be given directly to parents on collection or collected from the School's reception by a parent. Please also note that if your child has asthma they MUST have their inhaler/s on their person on the day of the trip otherwise they will be unable to go on the trip.

Educational Visits Policy and Insurance

This visit is organised under the school's Educational Visits Policy. To give consent for your child to take part in the visit please read the attached consent information and tick the consent box on parentpay when paying for the trip. You must **provide an emergency contact number and any medical conditions in the note box against the payment**

transaction line. All students taking part in the activity will be covered by the RPA Personal Accident and Travel Insurance. If you wish to have details of this cover please contact reception.

If you have any questions about the trip, please do not hesitate to contact me at admin@shs.starmat.uk

Yours sincerely

Miss L Jackson

Head of Sixth Form

Mrs R Gaddas

Pastoral and Attendance

THIS DOCUMENT MUST BE READ BEFORE GIVING PARENTAL CONSENT ON PARENTPAY

Name of Visit: Winter Wonderland and Ice Skating
Date: Thursday 11th December 2025

By ticking the consent box on the parentpay website, you have agreed to the following three consent statements:-

PARENTAL CONSENT STATEMENT

I would like my son / daughter to take part in the activity above

Please arrange for payment via the parentpay website www.parentpay.com and provide emergency contact details including your home number and a mobile phone number. Your child will not be accepted on the trip without consent, emergency contact details and payment.

MEDICAL CONSENT STATEMENT

My child is in good health and does not suffer from any condition requiring regular treatment or any complaint that may require emergency treatment and will not be excluded from any activities. I confirm that:-

1. There are no activities that I do not wish my child to take part in.

2. My child does not suffer from any condition requiring regular treatment

3. My child does not suffer from any condition which may require emergency treatment

4. I give my consent to any emergency medical treatment necessary during the course of the visit**.**

If your child does have a medical need or condition please let us know via the parentpay website by including details of the condition and what action we would need to take if applicable in the **note box** prior to sending your payment. This needs to be done for every trip irrespective of whether the school has previously been informed.

For insurance purposes, if your child suffers from a serious complaint, please send a letter to the school enclosing a letter from your doctor confirming your child is fit to participate giving details of the complaint and its treatment. Please note this in the box prior to making payment so that we know we are expecting a doctor's letter.

If we do not receive notes via parentpay regarding any medical conditions, we will assume there are no medical conditions and no restrictions to the activities your child can participate in during the visit.

COLLECTION ARRANGEMENTS CONSENT (if applicable)

I understand that the return time is after normal school hours. I will arrange for a responsible person to collect my son / daughter from the **school bus park** on **New Lane** where necessary.

The letter inviting your child on the school trip will inform you if the trip is returning after normal school hours together with an approximate return time. That information is also on the top of this form.

PHOTOGRAPHS AND VIDEO RECORDINGS

I consent to photographs and video recordings of my child to be used by school and services for teaching and coaching purpose and for use in marketing and publicity in line with relevant policies.

BEHAVIOUR AND CONDUCT

I understand that my child must adhere to any code of conduct and behaviour set out by the visit/activity leader, school, service or external provider.

Home Administration of Medication Record

Name of student and tutor group		**DoB**	
Number of GP and contact number			
Emergency contact details: Name		**Contact number**	

Name of medication:

Formula (e.g. tablets):

(Name of student).....has already taken

(dosage).....of the above named medication at (time)..... Today. The next dose, as stated on the medication should be taken at

(time).....

Signed: …… (parent/carer)