



17th October, 2025

Dear Parent/Carer,

We are pleased to inform you that your child has been invited to attend the **River of Light Tour** on **Friday 24th October** as part of a personal development opportunity offered by the school.

Students will travel by **coach**, departing from **St John Bosco Arts College** at **4:20pm**, and will take a walking tour of the River of Light installations across key city centre locations, including:

- Mann Island
- Albert Dock
- Liverpool ONE
- The Strand
- The Pier Head
- Exchange Flags

The tour is expected to conclude with the group returning to **St John Bosco Arts College** at approximately **7:45pm**.

Please ensure your child is dressed appropriately for the weather, with **suitable footwear and warm clothing**, as the tour will involve a considerable amount of walking outdoors.

This trip is free of charge. If you have any questions or concerns, please don't hesitate to contact the school.

Yours sincerely

K Brittles

Miss K Brittles
Head of PHSE & Enterprise

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Please return to Miss Brittles, Head of PSHE and Enterprise

Year 10 River of Light, Liverpool City Centre.

Student name: _____ Form: _____

- I would like my child to attend the River of Light tour.
- I will be collecting my child upon return to school at 7:45pm
- I give permission for my child to make their own way home after returning to school
- I give permission for photographs to be taken of my child and published on the website

Parent/Carer Signature: _____ Date: _____

Parent/Carer Name: _____



ST JOHN BOSCO ARTS COLLEGE

Telephone: 0151 330 5142

Email: enquiries@stjohnbosco.org.uk www.stjohnboscoartscollege.com

Storrington Avenue, Liverpool L11 9DQ

Headteacher: Mr Darren Gidman, BSc [Hons], NPQH



PARENTAL CONSENT FORM FOR A COLLEGE VISIT

1. Details of visit to: River of Light, Liverpool City Centre

From: Friday, 24th October 2025 4.20pm

To: Friday, 24th October 2025 7.45pm

I agree to _____ [student name]
Taking part in this visit and I have read the information sent by the college. I agree to
_____’s participation in the activities described. I acknowledge the need for
_____ to behave responsibly.

2. Medical information about your child

a) Any conditions requiring medical treatment including medication treatment?

Yes No

If YES, please give brief details:

b) Please outline the type of pain/’flu medication your child may be given if necessary.

c) Please outline any special dietary requirements or food allergies that your child has, including vegetarian, vegan, gluten, nut allergies

d) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? If YES, please give brief details: Any conditions requiring medical treatment including medication treatment?

Yes No

e) Is your daughter allergic to any medication? If YES, please specify:

Yes No

f) When did your daughter last have a tetanus injection?



3. Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I accept that in the event of non-accidental damage being committed by my child, I could be legally held responsible.

Contact name and telephone numbers:

Work:

Home:

Home address:

Alternative emergency contact:

Name:

Telephone number:

Address:

Name of family doctor:

Telephone number:

Address:

Signed:
[parent/carer]

Date:

Print Name: