October 2017

Dear Parent

**Christmas Shopping Volunteer – Year 12**

I am writing to advise that your son/daughter has offered to act as a volunteer at a Christmas shopping event on Friday 17th November 2017 in Uxbridge High Street. During the day they will be assisting elderly people with their Christmas shopping. The event has been organised by the town centre minister and we are one of several schools that have been asked to assist on the day.

Students have been provided with full details of how the day will run. However, for your information, students are expected to attend registration as normal at 8.40am. They will then leave school at 9am, accompanied by a member of staff from Uxbridge High School and will attend a briefing at St Margaret’s Church, Windsor Street, Uxbridge at 9.30am. To begin, students will be given an itinerary for the day and guidance on how to use mobility equipment safely.

After assisting the guests with their shopping, volunteers will take them to the Middlesex Suite at Uxbridge Civic Centre for a Christmas lunch. Everyone, including the volunteers, will be treated to a meal.

As the students will be outside a lot of the time whilst assisting with the shopping, they are advised to wear warm appropriate clothing, but maintaining their smart business-wear attire. We expect the day to finish by 3pm and everyone will receive a certificate to show that they have participated in this important event. Students will be dismissed from the Civic Centre to make their own way home.

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

By consenting on to this, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any further queries, please do not hesitate to contact me.

Yours sincerely

**A Le-Gall**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO CHRISTMAS SHOPPING VOLUNTEER**

Please return to Mrs Le-Gall by Frida 3rd November 2017

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| **FULL NAME OF STUDENT:** |  |
| **DATE OF BIRTH:** |  |
| **PLACE OF BIRTH:** |  |
| **PARENT NAME:** |  |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  |
| **MOBILE TELEPHONE NO:** |  |
| **HOME TELEPHONE NO:** |  |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** |
| **NAME:** |  |
| **CONTACT TELEPHONE NO:** |  |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.