

May 2017

Dear Parent

**Visit to SOAS University of London – Year 9 Brilliant Club**

I am writing to inform you about a school visit to SOAS University of London on Monday 15th May**.** The aim of this visit is to participate in the Brilliant Club Graduation.

Students will leave school at 8.40am and travel by London Underground to and from SOAS University of London. Students will return to Uxbridge Station at 4.30pm. Please confirm if you would like your child to be returned to school before they are dismissed, otherwise they will be dismissed directly from the station.

Students will be required to wear school uniform including shoes (no trainers or jeans allowed). You should provide your child with a packed lunch for this trip. Refreshments will be provided by the venue.

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.

Please note that there are a limited number of places available and these will be allocated on a first come, first served basis. Only students with an exemplary record of behaviour will be eligible.

There is no cost for this trip, however students will be required to bring their own Oyster cards with them to cover transport costs.

Please note that the visit will only take place if we have sufficient students and sufficient confirmed payments for the trip to go ahead. If the trip is cancelled, payments will be fully refunded.

By consenting, 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

Yours sincerely

**S Girvan**

**Assistant Principal**

**EMERGENCY CONSENT FORM**

**VISIT TO S GIRVAN**

Please return to S Girvan by Friday 12th May 2017

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| **FULL NAME OF STUDENT:** |  |
| **DATE OF BIRTH:** |  |
| **PLACE OF BIRTH:** |  |
| **NATIONALITY:** |  |
| *(Please note if your child was born outside the UK, full details of both parents will also be required. A student who is not a British National will need to bring his or her own passport.)* |
| **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.