

November 2017

Dear Parent

**Visit to Brunel University – Year 7**

I am writing to inform you about a school visit to Brunel University on Monday 4th December. The aim of this visit is to participate in the Enterprise Challenge, where students create their own business and compete in the market place.

Students will leave the school at 9am on Monday 4th December and travel by foot to and from Brunel University, returning to school at 2.45pm. Students will be required to wear school uniform**,** including shoes (no trainers or jeans allowed). Lunch will be provided by Brunel University.

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.

There is no cost for this trip, however 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.

By consenting to this trip, 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

**J Churchill**

**Assistant Principal**



**EMERGENCY CONSENT FORM**

**VISIT TO BRUNEL UNIVERSITY**

Please return to Mr Churchill by Friday 24th November 2017

|  |  |  |  |
| --- | --- | --- | --- |
| **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.