December 2017

Dear Parent

**Visit to Allen & Overy – Year 12**

I am writing to inform you about a school visit to Allen & Overyon Thursday 7th December 2017. The aim of this visit is to introduce students to the different sectors within a law firm and the career opportunities available there. Students will have the opportunity to gain a real insight by meeting and interviewing the city workers.

Students should attend their period 1 lesson as normal and then meet Mrs Le-Gall in the Sixth Form area at 9.55am, where they will be registered before making their way unaccompanied to Liverpool Street Station (Allen & Overy, Bishops Square, London E1 6AD) for 11.30am. Lunch will be provided at the venue. The workshop will finishat 4pm and students will be dismissed at the venue to make their own way home unsupervised. Students will be required to wear smart business clothing including shoes, no trainers or jeans allowed.

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 there is no cost for this trip, however students will need to ensure that they have enough money on their oyster card. 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.

If you are happy for your son/daughter to participate in this exciting opportunity then please return the attached emergency consent form to Mrs Le-Gall no later than Wednesday 6th December 2017. Alternatively, all the details from the slip may be email to [alegall@uhs.org.uk](mailto:alegall@uhs.org.uk).

By consenting 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

**A Le-Gall**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO ALLEN & OVERY**

Please return to Mrs Le-Gall by Wednesday 6th December 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.