**September 2017**

Dear Parent

**Visit to Ashurst – Year 12**

I am writing to inform you about a school visit to Ashurston Tuesday 10th October 2017. The aim of this visit is to introduce students to the Business and Financial Services sectors and the career opportunities available there. Students will have the opportunity to gain a real insight by meeting and interviewing the city workers.

Students will meet Mrs Le-Gall at Uxbridge Tube Station on Tuesday 10th October at 10.30am, where they will be registered before making their way to Liverpool Street Station. 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. Lunch will be provided.

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, 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 Friday 6th October. Alternatively, this slip may be email to 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 ASHURST**

Please return to Mrs Le-Gall by Friday 6th October 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.