

January 2018

Dear Parent

**Visit to Brunel University – Year 12**

I am writing to inform you about a school visit to Brunel University on Monday 5th February 2018. The aim of this visit is to participate in the ‘Mock Trial’ event.

Students must make their way to the venue unaccompanied, ready for a 9am start. They will be fully briefed and provided with contact details of staff, should they need them in case of emergency.

The workshop will end at 3pm and students will make their way home from the venue unsupervised. Students will be required to wear smart clothing, 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 visit, 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

**A Le-Gall**

**Six Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO BRUNEL UNIVERSITY MOCK TRIAL DAY – MONDAY 5TH FEBRUARY 2018**

Please return to Mrs Le-Gall by Monday 29th January 2018

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