

October 2018

Dear Parent

**Visit to Oxford University– Year 12**

I am writing to inform you about a school visit to Oxford University on Wednesday 28th November 2018**.** The aim of this visit is to participate in an event organised by Pathways, which is specifically aimed at students who would not have otherwise considered applying to Oxford University.

Students will leave the school at 8.30am on Wednesday 28th November and travel by minibus to and from Oxford University, returning to school at 4.30pm. Students will be required to wear smart attire, including shoes (no trainers or jeans allowed). Refreshments will be provided by the 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 at the school on 01895 234 060.

Yours sincerely

**A Le-Gall**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO OXFORD UNIVERSITY**

Please return to Mrs Le-Gall by Friday 16th November 2018

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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.