October 2018

Dear Parent

**Visit to Bryan Cave Leighton Paisner – Year 12**

I am writing to inform you about a school visit to Bryan Cave Leighton Paisner in the City of London on Wednesday 10th October. The aim of this visit is for students to participate in the ‘Working in the City’ workshop. This workshop will give students an introduction to the different career opportunities available in a large company in the City.

Students will meet Mrs Le-Gall at Uxbridge tube station at 10am, where they will be registered before making their way to Liverpool Street station. The workshop will finish at 4pm and students will be dismissed to make their own way home. Students will be required to wear smart dress,including shoes (no trainers or jeans allowed). Students will require a packed lunch for this trip.

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 on 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**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO BRYAN CAVE LEIGHTON PAISNER**

Please return to Mrs Le-Gall by Monday 8th October

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| --- | --- | --- | --- |
| **FULL NAME OF STUDENT:** |  | | |
| **DATE 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.