February 2018

Dear Parent

**Visit to Haydon School – Year 12**

I am writing to inform you about a school visit to Haydon School on Wednesday 28th February2018. The aim of this visit is attend a Year 12 Oxbridge P in collaboration with Peterhouse, Cambridge.

The session will begin at 7pm and last until approximately 8.30pm. The session will address making applications to Oxford or Cambridge University and will provide an overview of the Oxbridge experience and admissions process. Please see attached invitation for further details.

The session has been offered to all state schools in the London Borough of Hillingdon and Uxbridge High School has secured 10 student places. Parents are also welcome to attend.

Please note that there will not be a member of staff from Uxbridge High School attending this event and on this occasion, students will be required to make their own way to and from the venue unaccompanied or with parents attending.

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 places are limited 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 HAYDON SCHOOL**

Please return to Mrs Le-Gall by Friday 23rd February 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.