October 2018

Dear Parent

**Visit to Winston Churchill Hall, Ruislip – Year 12**

I am writing to inform you about a school visit to the Safe Drive Stay Alive workshop at the Winston Churchill Hall in Ruislip on Thursday 22nd November. This trip is compulsory for the whole of Year 12.

Safe Drive Stay Alive is a road safety education workshop that reaches young people in an emotive and hard-hitting way, influencing their behaviour and attitude on the roads. Please find attached a flyer from the organisers to explain more and invite you to an open evening.

There is no cost for this trip. Students will leave the school at 12.00pm on Thursday 22nd November and travel by coach to and from the Winston Churchill Hall, returning to school at 3pm. Students will be required to wear smart clothing, including shoes (no trainers or jeans allowed). You should provide your child with 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.

Please note that if you intend not to allow your son/daughter on this trip they will stay in school during this period and continue their studies. If you are happy to send your son/daughter on this trip please complete the attached consent form.

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**

**Sixth Form Guidance Leader**



**EMERGENCY CONSENT FORM**

**VISIT TO THE WINSTON CHURCHILL HALL**

Please return to Mrs Le-Gall by Thursday 8th November

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