October 2018

Dear Parent

**Visit to Brunel University – Year 8**

I am writing to inform you about a school visit to Brunel University on Friday 12th October. The aim of this visit is for students to participate in a series of team building challenges in the form of science experiments, as well as research tasks and problem solving, all in the setting of a university laboratory.

Students will leave the school at 8.40am on Friday 12th October and walk to and from Brunel University, returning to school at 3.30pm. Students will be required to wear school uniform, including shoes (no trainers or jeans allowed). Students will require a packed lunch for this trip. Students should bring their pencil cases with them, which should contain both blue and black pens and a pencil.

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

**R Wootton**

**Science Teacher**



**EMERGENCY CONSENT FORM**

**VISIT TO BRUNEL UNIVERSITY**

Please return to Miss Wootton by Tuesday 9th 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.