

January 2018

Dear Parent/Carer

As part of our drive to encourage students to begin thinking about their further education as early as possible, all students in Year 7 are being given the opportunity to attend a university or college on our second Immersion day on **Tuesday 6 February 2018**. This experience is free of charge as the school recognises that all students should be able to have an insight into further education in order to be able to plan their own future pathways.

Your child has been invited to attend a workshop at **The University of Leicester**. The trip will leave school at **8.00am** and will return to school for **3.00pm**. During the day students will embark on a tour around the university with student ambassadors, learn about life at university and be given the opportunity to participate in workshops, looking at choices at university and common misconceptions about university.

Students will need to wear their full school uniform and bring a packed lunch. If your child is entitled to free school meals and requires a packed lunch on the day, please tick the relevant box on the attached form. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content, as even the smell can cause these students anxiety.**

If you would like your child to have the opportunity to experience what The University of Leicester has to offer them, please complete, sign and return the attached Parental Consent Form to reception as soon as possible.

Yours sincerely

A handwritten signature in black ink that reads "K. Pearse". The signature is written in a cursive style with a period at the end.

Kayleigh Pearse
Achievement Leader for Year 7



**HEANOR GATE SCIENCE COLLEGE
TRIP CONSENT, CONTACT
AND MEDICAL FORM**



Please complete and return to Student Reception

PLEASE COMPLETE ALL SECTIONS

Student's name				RG	
Trip / Visit to	Year 7 trip to The University of Leicester				
Cost	£ free				
Date(s) From	Tuesday 6 February 2018		Teacher in charge	Kayleigh Pearse	
Times	Leaving school at 8.00am, returning at 3.00pm.		My child is entitled to free school meals and I would like to request a packed lunch		

Please mark with ✓ if appropriate:

Student Contact Details

Home address					
Contact telephone numbers (for the duration of the visit / trip)					
Name		Home			
Mobile		Work			
Email					

Alternative contact	Relationship to student:				
Address					
Name		Home			
Mobile		Work			

Medical Information

Name of doctor		Tel no			
Address of surgery					

Please delete as appropriate

Does your child suffer with a medical condition that requires regular treatment?	Yes continue below	No
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My child suffers from (e.g. asthma)					
and has been prescribed the following medication	Name of medication	Dose	Frequency		

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

Please delete as appropriate

I would like to discuss my child's medical condition with trip leader	YES NO
My child has an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.

I give authorisation for my child to keep an inhaler with them and use it as required <i>(Please delete as applicable)</i>	YES NO
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Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details)</i>	YES NO

Additional Information

Please include any additional information as required

Photography/Video - Please tick the box if you DO NOT give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	
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Declaration by Parent/Carer (or student if over 18)

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			