



Midhurst Rother College

The best in everyone™

Part of United Learning

05 September 2018

Dear Parent/Carer

University of Chichester Visit

In order to begin supporting our Sixth Form students' aspirations for the future, we will be taking the whole of Year 12 on a visit to Chichester University on Tuesday 18 September. This visit will mark the start of a programme of visiting a variety of higher educational establishments throughout the year.

This is an excellent opportunity for students to take advantage of the advice and information available from the University, where they will be able to participate in a number of activities aimed at developing understanding of higher education and other options post Sixth Form.

There will be no cost for the trip. Students will either need to bring a packed lunch or money to spend in the canteen at the University. We will be travelling via our College minibus, departing at 09:00am and arriving back in time for Period 6.

Can you complete the attached medical consent form to be returned to Student Reception for the attention of Mrs Shadbolt by no later than Monday 10 September. If you have any further questions, then please do not hesitate to contact me via email on lisa.shadbolt@mrc-academy.org

Yours sincerely

Mrs Lisa Shadbolt
Pastoral Leader, Sixth Form



Principal: Stuart Edwards

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**PARENT'S CONSENT
AND MEDICAL FORM
SHORT TRIPS**

Trip to:	Year 12 Chichester University
From (date/time):	Tuesday 18 September 09.00
Until (date/time):	Tuesday 18 September 14.30
Cost	Nil
Party leader/department	Mrs Sarah Nathaniel / Mrs Lisa Shadbolt

CONTACT INFORMATION		DOCTOR'S DETAILS	
Student name		Name of doctor	
Date of birth		Doctor's address	
Student mobile no			
Full home address		Doctor's telephone number	
Emergency contact numbers during trip			

MEDICAL INFORMATION/CONSENT– please answer the questions and sign below:		
Has your son/daughter had any of the following:	Y/N	If the answer to any of these questions is yes please give details(or attach on a separate sheet)
Asthma or bronchitis?	Y/N	
Heart Condition?	Y/N	
Fits/fainting/blackouts?	Y/N	
Severe headaches?	Y/N	
Diabetes?	Y/N	
Allergies to any medications?	Y/N	
Any other allergies?	Y/N	
Recent contact with contagious diseases/infections?	Y/N	
Other illness or disability including any current medical treatment?	Y/N	
Specific medical advice to follow in emergencies?	Y/N	
Special dietary requirements?	Y/N	
Prone to travel sickness?	Y/N	
Has your child been vaccinated against tetanus in the last 10 years?	Y/N	
Is your child currently having any medical treatment/taking medication (please provide full details)	Y/N	
I consent to any emergency medical treatment necessary during the course of the visit		SIGNED: Parent/Carer



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PARENT'S CONSENT AND MEDICAL FORM SHORT TRIPS

PARENTAL AGREEMENT – please read and sign below

Transport

I consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorized by law and duly insured to drive.

Accident/illness

I consent to the pupil receiving medication as instructed and any emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

Remotely supervised time (senior College only)

I consent to the pupil having remotely supervised time in the daytime in a group of pupils with the prior permission of the party leader

Personal effects of the pupil

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the College responsible for losses unless caused by the negligence of the College.

Insurance

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance.

Signature of parents/guardians

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above and overleaf. I have read and understood and I consent to the matters set out above and overleaf.

I agree to inform the College as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.

SIGNED:

(Parent/Carer)

Student agreement

I the above named student agree to observe the code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the college.

SIGNED:

(Student)