



**Midhurst Rother College**

The best in everyone™  
Part of United Learning



9 October 2019

Dear Parent/Carer

**Rother Valley Enrichment Programme Year 4 Maths Workshop**

I am delighted to inform you that your child has been nominated by their school to attend the Rother Valley Enrichment Programme **Year 4 Maths Workshop on Wednesday 23 October 2019** at Midhurst Rother College between 9.30am and 11.30am. The session will focus on a maths mystery problem-solving activity called 'The Great Jewellery Robbery' and will be led by Tia Bedford, Maths Coordinator from Easebourne Primary School.

Students will need to be at Midhurst Rother College reception **no earlier than 9.20am** for a 9.30am start and collected from there at 11.30am. Your child will need to bring a snack and a drink for break time. Please note that we are unable to help with transport and that the journey is the responsibility of parents and carers.

We do hope your child is able to attend and would be grateful if you could let us know by completion of the attached permission form which should be returned to your school office by Monday 14 October 2019.

If you would like any further information please do not hesitate to contact Mrs Hathaway, Administrator- Transition and Partnerships on telephone number 01730 819762.

Yours sincerely

Mrs M Hathaway

Administrator- Transition and Partnerships



**PARENTS CONSENT AND MEDICAL FORM**  
**Rother Valley Enrichment Programme**

<b>Course Title</b>	<b>Year 4 Maths Workshop at Midhurst Rother College</b>
<b>From (date/time):</b>	<b>Wednesday 23 October 2019 from 9.30am</b>
<b>Until (date/time):</b>	<b>Wednesday 23 October 2019 to 11.30am</b>

CONTACT INFORMATION		DOCTOR'S DETAILS	
<b>Student name</b>		<b>Name of doctor</b>	
<b>Date of birth</b>		<b>Doctor's address</b>	
<b>Full home address</b>			
<b>Emergency contact numbers during trip</b>		<b>Doctor's telephone number</b>	

**MEDICAL INFORMATION/CONSENT– please answer the questions and sign below:**

Should your child need to carry or have access to an emergency medicine delivery device (such as an Epi-pen), their school will need to take the pen to the course and will supply this and inform the teacher in charge of this immediately on arrival (the hosting school will already have been informed). The staff will use any information provided to act in the best interests of your child, including assisting them to use emergency medicine delivery systems. Any pupil that requires an Epi-pen will need to have a trained member of staff either at the hosting venue or a member of staff will be required to attend the course with them.

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



**PARENTS CONSENT AND MEDICAL FORM**  
**Rother Valley Enrichment Programme**

**PARENTAL AGREEMENT – please read and sign below**

I wish my child to be allowed to take part in the above mentioned course and, having read the course details, agree to his/her taking part in any or all the activities described.

I have ensured that my child understands it is important for his/her safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

I understand that while the staff and helpers in charge of the group will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter, arising from the activity.

**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 host school responsible for losses unless caused by the negligence of the host school.

**Photography and Internet**

I do/do not (please delete) give my permission for my child's photo to be taken at this event. Photographs will be taken at these events and some of these photographs may be published on the Rother Valley Schools websites or on promotional material. If internet access is required as part of the course, this will be in accordance with WSCC policy.

**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 Mrs Hathaway at Midhurst Rother College 01730 819762, as soon as possible, of any changes in the medical or other circumstances between now and the commencement of the course.

**SIGNED:**

**(Parent/Guardian)**

Midhurst Rother College will collect and hold information on this form for administrative purposes only. We hold this information for no longer than is necessary, usually the duration of the event.

We confirm that once the event has been completed this document will be destroyed securely, unless there was an incident during the event.

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The College's full privacy notice is accessible via the College's website [www.mrc-academy.org](http://www.mrc-academy.org)