



Midhurst Rother College

The best in everyone™

Part of United Learning

19 September 2018

Dear Parent/Carer

Music for Youth Proms at the Royal Albert Hall

I am pleased to inform you of an excellent opportunity for your son/daughter to see the Music for Youth Proms live at the Royal Albert Hall. The concert involves a variety of excellent ensembles from all over the country who have taken part in regional festivals throughout the year. Students will get to hear a broad range of music, including Classical, Jazz, Rock and World music performances. This will be a fantastic experience for any student who enjoys music and a great opportunity to go to one of the world's most iconic concert venues. More information about the event can be found at www.mfy.org.uk

We have arranged to visit the Royal Albert Hall, London, on Monday 5 November 2018. The concert starts at 7pm and will last approximately two hours. We will be leaving College at 4pm and will arrive back at approximately 10.30pm. Students are not expected to wear uniform for this occasion but we do ask that they are suitably dressed for the event.

Please pay for the trip via the online payment system using the following link: <https://www.scopay.com/midhurst?redirect=true>. If you require support with the online process, please contact our finance department at: louise.stone@mrc-academy.org or Katherine.Chard@mrc-academy.org. If you do not have access to the internet, please make cheques payable to 'Midhurst Rother College.'

Please complete the attached slip and medical/consent form and return it with payment of £20 for the attention of Mrs Tidbury via student reception by **Friday 19 October**.

Thank you for your continued support.

Mrs S Tidbury
Subject leader of Music



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Consent slip

Trip title: Music for Youth Proms Trip Leader: Mrs Tidbury

Date of trip/residential: Monday 5 November 2019

Name of Student: Tutor Group:.....

I have made a payment through the cashless system Please tick

Arrangements for students on their return to College following the theatre trip:-
(please check or complete)

My son/daughter...

- Will be collected from Midhurst Rother College at approximately 10.30pm**
 - Will be going home with another student** *please name student*
 - Other arrangements** *please specify the detail*
-
-

Name of parent/carer:Contact Tel:

Signed: Date:

Please return this slip to Mrs Fowler at Student Reception by Friday 19 October 2018 along with the parental consent form. Thank you.

If the trip is oversubscribed, you will be contacted to confirm whether your child has secured a place.



| | | | |
|--------------------------------|--|----------------|--|
| Trip to: | Music For Youth Proms The Royal Albert Hall London | | |
| From (date/time): | Monday 5 November 2018 3.30pm | | |
| Until (date/time): | Monday 5 November 10.30pm | | |
| Cost | £20 | | |
| Party leader/department | Mrs S Tidbury Head of Music | (Forms to ABE) | |

| 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 |



**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)

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 trip.

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

The data controller for personal information held by the Group Academies is United Learning Trust (ULT). ULT is registered with the ICO under registration number Z7415170. The Company secretary, Steve Whiffen, is responsible for ensuring that the Group complies with the Data Protection Law. He can be contacted on company.secretary@unitedlearning.org.uk or 01832 864538.

The College's full privacy notice is accessible via the College's website www.mrc-academy.org