



# Midhurst Rother College

The best in everyone™

Part of United Learning

16 February 2022

Dear Parent/Carer

## **West Sussex Schools Literature Quiz: Friday 18 March 2022. Chichester College**

The West Sussex Literature Quiz has been set up by the Portsmouth School Library Service. Your child has been asked to participate in recognition of his/her love of reading and knowledge of children's fiction. The quiz will include questions on wider reading and a section on four specific novels, which he/she has been reading, along with other team members. The books are:

Lost	Eve Ainsworth
Beauty Sleep	Kathryn Evans
Mike	Andrew Norris
Now or Never	Bali Rai

I am pleased to inform you that the College has arranged a trip to take part in the quiz on 18 March 2022. The authors of the four set novels will be present and taking part themselves. A trophy will be awarded to the winning school and the top three teams will receive book tokens. In addition to this there will be book token prizes for the winners of the five separate rounds. Team members will have the opportunity to meet the authors and have books signed. All students will receive a certificate signed by the authors.

There will be room for adult spectators who are warmly invited, we do not require prior notification of your attendance. The doors open at 9.15am and the quiz starts at 9.45am, spectators may arrive after the quiz has started. There will be a coffee bar available for those wishing to purchase refreshment. The quiz finishes at 11.45am but the bookshop will remain open until 12.45pm so the winning teams can collect prizes. During this time your child may eat lunch, browse the book stall and chat to authors.

Students will travel to Chichester College by college minibus, leaving at 8.30am, and are expected to return no later than 13.30pm. Two members of staff will accompany the students to and from the event. The Hayling Bookshop will be present and students may like to bring some money to buy books during the event.

Students who live in Chichester can be picked up from the venue at 12.30 pm by arrangement.

This is a formal event and full school uniform must be worn.

Please complete and return the attached medical consent form, along with the reply slip attached, to Student Reception by Friday 4 March in an envelope marked QUIZ CONSENT/ Mrs Williams.

**Principal: Stuart Edwards**

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Midhurst  
West Sussex GU29 9DT  
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e [enquiries@mrc-academy.org](mailto:enquiries@mrc-academy.org)  
[www.mrc-academy.org](http://www.mrc-academy.org)

 @MRC\_1st  
@MRCSixthForm

I hope your child will be able to take part in this exciting and interesting trip. Thank you for your continued support.

Yours sincerely



Mrs. N. Williams  
Learning Resources Centre Manager

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**Consent slip**

Trip title: Chichester Literature Quiz 2022    Trip Leader: Mrs Williams  
Date of trip/residential: Tuesday 18 March 2022

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

I give permission for the student’s photograph to be used in press releases.

Name of parent/carer: .....Contact Tel: .....

Signed: ..... Date: .....

Please return this slip to Mrs Williams by 4 March 2022 along with the parental consent/medical form.  
Thank you.



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

<b>Trip to:</b>	West Sussex Schools Literature Quiz – Chichester College
<b>From (date/time):</b>	Friday 18 March 2022 8.30am
<b>Until (date/time):</b>	Friday 18 March 2022 13.30pm
<b>Cost</b>	N/A
<b>Party leader/department</b>	Mrs. N. Williams, Learning Resources Centre Manager

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: <span style="float: right;">Parent/Carer</span>



**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](mailto: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](http://www.mrc-academy.org)