



Midhurst Rother College

The best in everyone™

Part of United Learning

8 April 2019

Dear Parent/Carer

University of Southampton Visit

Mrs Nathaniel and I are excited to be taking Year 12 to visit Southampton University on **Tuesday 4 June 2019** and have arranged a schedule to include a personal statement workshop, and a taster lecture for all students to attend.

We will be travelling to Southampton by coach, leaving Midhurst Rother College at 09.00 and returning by 15.40. Given the busy schedule, I recommend students bring a packed lunch as we are unsure how much time will be available to use the catering facilities.

There is no charge for this trip, however can I ask you to please complete the attached medical/consent form and return to me by **Friday 24 May** to confirm your child's place.

We look forward to an informative and enjoyable day,

Yours sincerely

Mrs Lisa Shadbolt
Pastoral Leader Year 12 & 13



Trip to:	Southampton University
From (date/time):	Tuesday 4 June 2019 09.00
Until (date/time):	Tuesday 4 June 2019 15.40
Cost	Nil
Trip Leader	Mrs Lisa Shadbolt/ Mrs Sarah Nathaniel

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



PARENTAL AGREEMENT – please read and sign below

Transport

I consent to the student 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 student 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

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

Personal effects of the student

I acknowledge that the student 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/Carers

I, the undersigned who have parental responsibility for the above named student 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 values the personal information entrusted to us and will process personal data in accordance with the principles set out in the General Data Protection Regulation (GDPR).

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 student's time at the College. We confirm that once the student has left the College this document will be destroyed securely.

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