



PGW Sixth Form
Partnership of Greenacre & Walderslade

2nd May 2018

Dear Parent/Carer,

The time is approaching when your son/daughter will be starting to make important decisions about their future and thinking about the possibility of applying to university. This can be a daunting prospect, particularly for those students who are not sure whether or not university life would be suitable for them.

On 21st June, we will be taking a group of Year 12s to The University of Kent, Canterbury Campus. This one-day event will provide students with an opportunity to explore a university campus and learn more about the range of subjects available to study. Students will also have the opportunity to speak to a range of current students and learn more about the UCAS application process.

This trip will be offered free of charge. The bus will be leaving Greenacre at 8.30am, and will be back by approximately 3.30pm. Students will need to take a packed lunch or money for the canteen.

If your son/daughter would be interested in attending the event, please complete the attached consent form and return it to school no later than Friday 18th May.

Kind Regards,

Ms P Giordano

Progression Mentor, PGW Sixth Form



Greenacre Academy

A Specialist Academy with Sports College & Raising Achievement Status
157 Walderslade Road • Chatham • Kent ME5 0LP
Tel. 01634 861593 office@greenacre.medway.sch.uk
www.greenacre.medway.sch.uk



Walderslade Girls' School

Specialist College for Humanities and the Arts
Bradfields Avenue • Chatham • Kent ME5 0LE
Tel. 01634 861596 office@waldersladegirls.org.uk
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School Name: Partnership of Greenacre and Walderslade

PARENTAL CONSENT FORM (for students under the age of 18)

The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed off site educational activity. It is also designed so that all information relating to your son/daughter's health and fitness can be assessed prior to the trip so that any necessary arrangements can be made to accommodate special needs.

DATA PROTECTION - (complete and amend as necessary)

PGW Sixth Form is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals.

The information you supply is being collected for the purpose of emergency contacts and essential medical requirements for the visit. When you sign or complete this form you are providing your consent to PGW holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party, other than it may be shared with a doctor/hospital for the purpose of emergency medical treatment.

DETAILS OF PROPOSED ACTIVITY

Place to be visited: University of Kent, Canterbury Campus. CT2 7NP

Main activities included during the visit: Introduction to university

Dates of activities: 21st June 2018

Date of return: 21st June 2018

Leaving at: 8.30am

Estimated return time: 3:30pm

Any additional information:

ACKNOWLEDGEMENT OF RISK

The activity poses additional risks to those that students might be expected to encounter during a normal school/college day. Whilst every care will be taken to effectively control and manage these risks, you need to be aware that the following risks exist: **Normal risks of travelling to and from the venue and being at a university.**

CONDUCT DURING THE TRIP

All participants are expected to behave in a responsible manner at all times during the educational activity. They must take direction from the tutor or nominated leader and follow all instructions or guidance given by activity instructors.

When instructed, they must wear any clothing or protective equipment issued to them by instructors/tutors and not interfere with any of this clothing or equipment. They must not engage in any horseplay or practical jokes whilst on the trip as this may affect not only their own safety but that of others.

All local rules must be followed, e.g. those of the activity centre, country code, piste etiquette, etc. If the activity involves field work, then participants must remember not to harm flora and fauna, leave litter, damage footpaths, walls, hedges, etc.

All participants must be aware that the reputation of the school/college is either enhanced or damaged by their activity both during the activity and when at leisure or travelling.

STUDENTS DETAILS

Please complete and return to school

Student's name:

Student's mobile telephone number (will only be used for this visit):

Home address:

Home telephone number:

Other contact number:

MEDICAL INFORMATION

Does your son/daughter:		Has your son/daughter had in the last 4 weeks:	
Have good eyesight?		An infectious disease?	
Suffer from any allergy, food or medication?		Had contact with an infectious disease?	
Have good hearing?		Diarrhoea or vomiting?	
Has your son/daughter had a tetanus injection in the last 5 years?		Has your son/daughter had any recent physical injury?	
Is your son/daughter currently receiving treatment for any condition?		Please state any medication that your son/daughter is currently required to take:	
Does your son/daughter have any special dietary requirements?		Does your son/daughter suffer from travel or motion sickness?	
Does your son/daughter have any other special needs?		Does your son/daughter suffer from vertigo (fear of heights)?	

OTHER HELPFUL INFORMATION YOU MAY WISH TO PROVIDE

Is your son/daughter entitled to a free school meal?			
Please name any activity he/she may not participate in:			
In an emergency I can be contacted as follows:	Email:	Home Tel:	
	Fax:	Work Tel:	
If not available, please contact the following person:			
Telephone number:			
Our family doctor is:			
Dr's Tel No:			

If there is any other information you consider the school should know please continue on a separate sheet of paper

CONSENT DECLARATION

I, being the parent / guardian of the student named at the head of this form, give consent for him/her to attend the proposed activity. I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have informed the school/college of all medical conditions or treatments that he/she suffers from or requires to maintain health.

Signature & Date:

Relationship to student: