**19th November, 2019**

Dear Parent/Carer,

Your child has been chosen to take part and attend the TEDX Oldham Salon careers Meet at Oldham University. This is an amazing opportunity for Leesbrook students as they have been chosen from the schools in the local area. There are only 10 places available to our students in year 9. The theme of the morning is ‘Create your future from your passion’ and there will be guest speakers throughout the session from many areas of industry.

The event is on Thursday 21st November and will run 9:00am until 11:00am. Student will need to arrive to school, as normal, in full uniform at 8:15am. They will be registered and then set off. They will return to school ready for period 3. Students will walk, accompanied by three staff, over to the event.

Students must complete all attached forms and hand to Mrs Dean on reception by Thursday 21st November, 2019. If we do not receive all completed forms, students will not be permitted to attend. If you have any questions then please do not hesitate to contact us.

Kind regards,

Mr Jack Schollar

……………………………………………………………………………………………………………

**TEDx careers event - Thursday 21st November, 2019**

Student Name: …………………………………………………………….…………………….……….

 Family Leader: …………………………………………………………………...……………………..

I give permission for my child to attend the Careers event

 I give permission for my child to be photographed on this trip and the image to be used in Oasis Academy Leesbrook marketing and social media.(Please state if you wish for your child not to be photographed)

Signed: ………………………………………………………………………………... Parent/Carer

 **PARENTAL CONSENT AND MEDICAL FORM**

# *Name of Activity:*

# *Date of Activity:*

|  |  |
| --- | --- |
| **Student’s Name:** |  |
| **Date of Birth:** |  | **Tutor Group:** |  |
| **Home address:** | **Postcode:** |
| **Name of Parent/ Carer:****Parent/carer contact Telephone numbers**(For emergency use only): | **Day time: Evening:****Other (mobile):** |

**I have read the details about this visitand hereby give my consent to:**

1. My child participating in the activities described.
2. The Academy obtaining or rendering properly-qualified medical assistance to my child in the necessary circumstances.
3. The Academy, where appropriate, administering the prescribed dose of any required medication as advised by a pharmacist, e.g. Paracetamol or travel-sickness tablets.

**I also acknowledge:**

1. The need for my child to be obedient and act responsibly.
2. The Academy may refuse to take my child on the activity, if he/she exhibits serious misbehaviour before the activity. In the event of serious misbehaviour during the activity, the Academy has the right to exclude my child from the remaining part of the activity. In either case the Trip Leader’s decision shall be final and I shall forfeit all monies paid in respect of the activity. I also understand that I may be requested to collect my child from the activity’s venue at my own expense, in the case of serious misbehaviour.
3. That any photographs or video film taken during the visit must be solely for your individual family’s use and must not be distributed more widely. Photographs may also be taken for publicity use by the Academy.
4. That for some activities there may be occasions when a member of Academy staff or another parent will transport my child by private car as opposed to the use of a coach or bus.
5. That the Government Guidance states, “Trip Leaders should ensure that transport by road has seat belts and that students wear them”. This is fully endorsed by Oasis Community Learning, who has further advised that, in the event of a student refusing to wear the seat belt, the Trip Leader has the right to refuse to take that student on the visit.



**SIGNED:** …………………………….……………….. **DATE:** …………………….

(Parent/Guardian with Parental Responsibility)

 **PRINT NAME:** ………………………………………...

|  |
| --- |
| **MEDICAL FORM** |
| ***Student Name*** |  |
| ***Family Doctor:*** |  |
| ***Surgery Address:*** |  |
| ***NHS Number*** |  |
| ***Nationality & Passport Number*** ***(for trips abroad)*** |  |
| ***Please state any relevant medical conditions and medical requirements:*** *(e.g. allergies, asthma, diabetes, epilepsy, fainting, including any necessary medication or treatment). If none, please state NONE:* |
| ***Is there any other information which you feel we should know?***  |
| ***Has your child had a tetanus vaccination?*** | ***If so, when?*** |
| ***Please state any dietary requirements*** *(e.g. vegetarian, food allergies, or food avoided for religious purposes)* |

I certify that the above information is correct, and I hereby authorise the teacher in charge of

The trip to give permission for medical treatment if required.

**SIGNED:** …………………………………………………….….. **DATE:** …………………….

(Parent/Guardian with Parental Responsibility)

**PRINT NAME:** ………………………………………...