**Wednesday 8th January, 2020**

Dear Parent/Carer,

Your child has been chosen to take part and attend the Changing Horizons Event, hosted by Queen Elizabeth Hall, Oldham. This is an amazing opportunity for our Leesbrook students!

Students will explore a variety of different career sectors and engage with local employers. The day is set out for Year 8 students to meet with employers and learn more about the world of work, careers within the civil service and within the growth sectors of Oldham and Greater Manchester.

The event is taking place on Tuesday 10th March, 2020. We will be departing Leesbrook after registration, at around 8:30am. Students will be walking to the venue, supervised by Leesbrook staff. Students will be required to be in full uniform and will attend school in the morning as usual, at 8:15am. We will return to school at around 3.00pm.

All students attending will need to bring their own lunch unless they are eligible for free school meals. If this is the case and you wish for school to provide a grab bag lunch for your child, please inform Mrs Dean or Mrs Akhtar on reception ASAP or we will be unable to provide this.

Parents/carers must complete all attached forms and hand to Mrs Dean or Mrs Akhtar on reception by Wednesday 5thFebruary, 2020. If you have any questions then please do not hesitate to contact me.

Kind regards,

Mr Jack Schollar

Careers Lead

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

**Changing Horizons Event - Tuesday 10thMarch, 2020**

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

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

□ I give permission for my child to attend the Changing Horizons 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.

□ I confirm my child is eligible for free school meals and would require a grab bag lunch for the day

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



**PARENTAL CONSENT AND MEDICAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:** |  | | |
| **Date of Birth:** |  | **Family 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 INFORMATION** | | |
| **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 staff member in charge of the trip to give permission for medical treatment if required.

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

(Parent/Guardian with Parental Responsibility)

**PRINT NAME:** ………………………………………...