

February 2024,

Dear Parent,

In A-Level Geography, we have recently been studying the Changing Places module and to support your child with their retrieval and understanding of different Geographical concepts within this topic, we are pleased to be offering a fieldwork visit to Southampton City Centre, including a talk with a Geography lecturer from Southampton University, who are experts in this field. This will be a valuable experience to help students with their exams in the summer.

The trip will take place on **Monday 25th March 2024**. We will be leaving school at 11am and will be travelling to Southampton University by minibus. Students will need to go to their normal lessons Period 1 and Period 2. We hope to return to school by around 4pm.

Please ensure students wear appropriate clothing i.e. warm and waterproof clothing and have writing equipment with them to take notes during the day (clipboards will be provided). Students need to bring a packed lunch and plenty of drink for the day. There will be an opportunity for students to purchase food/drink as well.

The cost of the visit is £5, which covers the cost of transport to and from Southampton and insurances. Payment should be made using the school's on-line WisePay facility. Please make a note of your WisePay receipt reference, as you will need to provide this on the attached medical consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

If you would like your child to attend, please return the form to me by **Monday 11th March 2024**.

Yours faithfully,



Mr D Houghton
Head of Geography



STUDENT NAME TUTOR

TO BE RETURNED TO MR HOUGHTON BY MONDAY 11TH MARCH 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event:		Date:	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:			
TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
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 provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			YES / NO
I give consent for my child to be photographed during the event and for these photographs to be used in school media.			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
Signed:		Print Name:	Date: