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March 2024

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Dear Parent,

We are pleased to be partnering with The Shine Project for a Health and Wellbeing Event on **Thursday 28th March 2024** at Bournemouth University Talbot Campus.

Shine's vision is to support every young person to develop and maintain good physical and mental health, providing a firm foundation with which to achieve a successful and happy future.

We have an amazing day planned, including an inspirational speaker Alex Blower, workshops in acupuncture, art therapy, hairstyling, and exercise. A quiet space is also being set up by St Andrews Youth Club giving the young people an opportunity to relax and reflect.

The following stands have so far been confirmed for the day. Each organisation will provide an activity in which the young people can engage. They will have complete freedom to be as interactive as they choose on the day.

- | | |
|----------------------------|---------------------------|
| Red Cross | MyBnk |
| The Colourworks Foundation | Lush |
| Respected | Safempowerment |
| SPACE | Dorset Women |
| Dorset Mind | BU American Football Team |

The timetable for the day is as follows –

Time	Event
9.15am – 9.30am	Arrival and assigned wristbands
9.30– 9.40am	Shine greeting and housekeeping
9.40am – 10.10am	Speaker – Alex Blower
10.10 -11.30	Interaction with stands and attending workshops
11.30am	Departure

We will be travelling to the venue by minibus. Students need to meet at reception at 8.30am to be registered. Usual school uniform required. There is no charge for this trip.

Should you wish your child to participate in this trip, please sign and return the attached medical consent form and return it to me by Friday 22nd March 2024.

Kind regards,

Miss Browning
ELSA



STUDENT NAME TUTOR

TO BE RETURNED TO MISS BROWNING BY FRIDAY 22ND MARCH 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Shine Event, Bournemouth University		Date: 28.03.24	
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: