

September 2024

Dear Parents/Guardian,

As a continuation of our project on the **Day of the Dead** celebrations with Dr Jane Lavery from the Modern Languages and Linguistics Department at the University of Southampton, our sixth form students have been invited to talk about the creation of their altar and to share their knowledge with residents at **Southbourne Beach Care Home**. We will give a short presentation about our project so far, teach residents some related vocabulary and demonstrate how to assemble an altar. This will take place during the school day on **Tuesday 24th September 2024** from **10.00** until **12.00**. We will take students to the venue and back via minibus.

This will be a great opportunity for our sixth formers to share their knowledge and will give them the opportunity to gain valuable experience of working with older members of our community. This is something that they will be able to refer to on future job and university applications.

If you are happy for your child to be involved, please complete and return the attached medical consent form by **Friday 13th September 2024**.

Yours faithfully



Mrs Clare Shephard
Assistant Subject Leader, Languages



STUDENT NAME TUTOR

TO BE RETURNED TO Mrs Shephard by Friday 13th September

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Day of the Dead		Date: Tuesday 24th September 2024	
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: