



8 November 2019

Dear Parent /Carer

## **Villiers Park Uni Masterclass – 12/11/19**

I am writing to you to inform you of the programme for the Year 10 Villiers Park Uni Masterclass.

Students will need to meet the teacher at the William Parker Upper car park – where the coach will depart.

### **Year 10 Skills4Success University Masterclass**

**Tuesday 12th November 2019**

**Canterbury Christ Church University, CT1 1QU**

**Departures: Ark Alexandra Academy (Upper School entrance) - 8.10am; Return: Leave Canterbury at 2.30pm and reverse order drops**

During the day students will have a tour of the university and explore different areas of the campus. As part of the day they will also get to observe a lecture in subjects that interest them.

Lunch will be provided

Students will need to wear uniform. Students will be dismissed from the venue.

Kind regards

**L Fagan / J Poole Year 10 Liaison team**  
**Mrs Iglinski – Villiers Park Lead Teacher**

EXECUTIVE PRINCIPAL: Yvonne Powell, OBE  
PRINCIPAL: Stephanie Newman  
REGIONAL ASSOCIATE PRINCIPAL: Victoria Cockram



Please complete the attached form and return to Mr Poole by Friday 8 November it is not received by this date your Son/ Daughter will not be given absence permission to attend the masterclass.

Signed  
Dated

EXECUTIVE PRINCIPAL: Yvonne Powell, OBE  
PRINCIPAL: Stephanie Newman  
REGIONAL ASSOCIATE PRINCIPAL: Victoria Cockram



## Parental Consent for an Educational Visit/ Off-site Activity (non-residential)

*To be distributed with an Information Sheet giving full details of the visit*

### 1. Details of visit/ activity: Villiers Park Uni Masterclass

Date: \_12 NOV Time: from 8AM to \_3:30PM

I agree to my son/daughter \_\_\_\_\_ (full name) taking part in this visit. I have read the information sheet and agree to his/her participation in the activities described and acknowledge the need for him/her to co-operate with staff and to behave responsibly.

### 2. Medical information about your child

- a) Does your child have a condition **not** already advised to the School which will or might require treatment during the day? (Staff will ensure the continued care of known pupils with special medical needs, as in school)

Yes	No
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- b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc: (Staff have to be willing and able to administer the medication. Training may be required)

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- c) Please outline any special dietary requirements that may have to be considered:

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- d) Please state the type of pain control medication that your child may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

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e) Is your Son/ Daughter allergic to any medication?

Yes	No	I do not know
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If **Yes**, please specify:

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(f) Does your Son/ Daughter suffer from any allergic reactions?

Yes	No	I do not know
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If **Yes**, please specify:

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(g) Has your Son/ Daughter had a tetanus injection within the last 10 years?

Yes	No	I do not know
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### 3. Contact addresses and telephone numbers

**Home:**

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

**Alternative Emergency Contact:**

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel Nos: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile)

**Family Doctor:**

EXECUTIVE PRINCIPAL: Yvonne Powell, OBE  
PRINCIPAL: Stephanie Newman  
REGIONAL ASSOCIATE PRINCIPAL: Victoria Cockram



Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#### 4. Declaration

I agree to inform the Party Leader as soon as possible of any changes in the medical or other circumstances of my Son/ Daughter between now and the Visit/ Activity.

**I understand that I have responsibility for transportation of my Son/ Daughter to this Visit.**

I agree to my Son/ Daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided

I understand that neither the School nor the teacher named above is liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my Son/ Daughter except incidents arising from the negligence of the School or its employees

I warrant that the information given above is correct to the best of my knowledge

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full name (block letters):** \_\_\_\_\_

**Relationship to the pupil:** \_\_\_\_\_