



Headteacher  
Debbie Smith B.Ed, NPQH

# Sandhurst School

the opportunity to succeed

Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire GU47 0SD

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14<sup>th</sup> November 2017

Dear Parent/Carer

**Re: Year 12/13 Hair and Beauty Trip to the G Live Guildford Theatre**

The Hair and Beauty Department has organised a visit as outlined above on **Wednesday 29<sup>th</sup> November**. The visit is aimed at giving students the opportunity to experience the hair and make-up used in theatre and west end musicals. It acts as part of their Level 3 course unit 316, to research the hair and make-up in a realistic environment.

Students will leave Sandhurst School at approximately **1pm** and will return to Sandhurst at approximately **7.15pm**. The cost of the visit will be **£18.00**. Please return the permission slip along with the OHA2 medical form attached to Mrs N Cockroft by **Monday 20<sup>th</sup> November**. Cheques should be made payable to 'Sandhurst School Private Account'. Alternatively, the preferred method is to pay online and this facility will be available 48 hours from the date of this letter. Receipts will be issued upon request.

Students are welcome to bring food with them or they can bring some money to buy food in Guildford. We will be travelling by minibus to Guildford where we will park and walk to G Live. We will return by minibus and would be grateful if you could arrange for your daughter to be collected from the school when we return.

Yours sincerely

**Mrs N Cockroft**  
**Hair and Beauty**

.....  
**PLEASE RETURN TO MRS COCKROFT BY 20<sup>TH</sup> NOVEMBER 2017**

Student Name: ..... Tutor Group: .....

**FOR OFFICIAL USE ONLY**

I give permission for my son/daughter to take part in the visit to **G Live Guildford Theatre on Wednesday 29<sup>th</sup> November 2017**

I enclose: Completed **OHA2 - VISITS medical and consent form**  
Cost of **£18**

Payment Method - Please tick one: Cheque  Cash  Online (preferred)

Signed ..... Parent/Carer



Would you prefer to receive your letters by Email? If so, please notify the school and provide us with your Email address

**BRACKNELL FOREST COUNCIL  
CHILDREN, YOUNG PEOPLE AND LEARNING  
MEDICAL AND CONSENT FORM**



**IMPORTANT:** This form must be completed by all adults, children & young people who are participating in the activity. For Participants under the age of 18 the form must be signed by their parent/carer. Participants over the age of 18, including adults and young people living independently should sign the form on behalf of themselves.

**Establishment: (e.g. project, school, youth centre etc)**  
**Sandhurst School, Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire, GU47 0SD**  
**Tel: 01344-775678**

**Please provide the following details in respect of the PARTICIPANT:**

**Visit/Activity:** **G LIVE, GUILDFORD THEATRE** **Date/s:** **29<sup>TH</sup> NOVEMBER 2017**

Full Name: Date of Birth:

Home address including post code:

Mobile Phone Number (if applicable): Date of last Tetanus Injection:

Participant's Doctor's contact details: NHS number:

Doctor's Name:

Address including post code:

Telephone:  
Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:

Please give details of all current medical treatment, including medication:

Special Dietary Requirements:

Please provide further information on separate sheets as necessary

**CONT'D OVERLEAF . . . . .**

**Please provide the following details in respect of the NEXT OF KIN:**

Full Name: Telephone (including STD code):  
Relationship to Participant Home:  
(e.g. mother): Work:  
How should they be contacted in an emergency? Mobile:  
Home address:

**Declaration of Consent**

I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.

- 1. I consent to the above named Participant taking part in the activity/visit.**
- 2. I agree / do not agree (please delete as appropriate) that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anaesthetic and blood transfusion. If agreement is not given the signatory/next of kin must undertake to be contactable at all times in the event of an emergency so that any responsibility for decisions affecting the participant can be made by the signatory/next of kin.**

**Signed:**..... **Date:** .....

**Relationship to the Participant:**

The information you have provided will be recorded on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so.

**To be completed by the PARTICIPANT if applicable:**

**I understand that for the safety of all participants in the group, I will agree to obey the rules and instructions of members of staff.**

**Signature of Participant:**..... **Date:**.....