



Headteacher
Debbie Smith B.Ed, NPQH

Sandhurst School

the opportunity to succeed

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1st November 2017

Dear Parent/Carer,

Re: Visit to Portsmouth

As part of your son/daughter's Leisure and Tourism course, there is an opportunity for (**insert name of student**) to attend a visit to Portsmouth. This visit will be supervised by staff from Sandhurst School. However, it will be organised and run by an A Level Travel and Tourism student.

The visit will allow students the opportunity to explore the city's key facilities and services and apply their learning of tourism destinations to a new setting. The visit will take place on **Wednesday 6th December 2017**. Students will need to meet at **08:30am** in the school canteen and we will depart from the school at **09:00am**. We hope to return to school by **15:30pm**. The cost of the visit will be **£10**. This covers the mini-bus hire and the parking on the day. Cheques should be made payable to 'Sandhurst School Private Account', but the payment can also be made online. This is the preferred method and the facilities for this will be available online 48 hours from the date of this letter. Receipts will be issued on request.

School uniform does not need to be worn, however students are advised to dress sensibly for all weather conditions as the majority of their time we will be spent outside. Students should bring stationery as they will be completing a work booklet throughout the day. Students should also bring a packed lunch or money to buy lunch at Gunwharf Keys.

If your son/daughter wishes to attend the visit, please return the permission slip, payment and OHA2 form to the Finance Office by **Friday 17th November 2017**.

If you have any questions, please do not hesitate in contacting me.

Yours sincerely,

Mr McKane
Business Studies Subject Leader



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

PLEASE RETURN TO THE FINANCE OFFICE BY FRIDAY 17TH NOVEMBER 2017

VISIT TO PORTSMOUTH – Wednesday 6th December 2017

FOR OFFICIAL USE ONLY

.....

Student Name:

Tutor Group:

I enclose: Completed **OHA2 - VISITS medical and consent form**
 Cost of **£10.00**

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

Date paid (...../...../.....)



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: Gunwharf Quays, Portsmouth

Date/s: 6th December 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:**.....