



Headteacher  
Debbie Smith B.Ed, NPQH

# Sandhurst School

the opportunity to succeed

Owlsmoor Road, Owlsmoor, Sandhurst, Berkshire GU47 0SD  
Tel: (01344)775678 Fax: (01344) 771575  
Website: www.sandhurst.bracknell-forest.sch.uk  
E-mail: contactus@sandhurst.bracknell-forest.sch.uk

21<sup>st</sup> November 2018

Dear Parent/Carer

**Re: Sixth Form visit to Farnborough Bowl – 20<sup>th</sup> December 2018**

The senior team have organised a social event for Sixth Form students at Farnborough Bowl on **Thursday 20<sup>th</sup> December**. We will be leaving from school at **4pm** and returning by **7.30pm**.

Food and drink will not be provided, but students will have the opportunity to buy food and drink should they wish to.

If your son/daughter would like to attend, please complete the OHA2 form and reply slip attached and return it to the **Finance Office** by **Friday 7<sup>th</sup> December**.

The cost of the event will be **£7.00** with transport by minibus and **£5.00** without. Please indicate your son/daughter's travel preferences on the tear off slip below.

I would like to take this opportunity to thank you for your support throughout the Autumn Term and wish you a relaxing Christmas break.

Yours sincerely,

**Mr N Marshall**  
**Post 16 Learning Manager**

.....  
**To: N Marshall – 6<sup>th</sup> Form Office**

I confirm that ..... will be attending the event at the **Farnborough Bowl** on **Thursday 20<sup>th</sup> December 2018**.

  

Transport to the event required  
No transport required.

Transport from the event required

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



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 30<sup>th</sup> November 2018**

|                       |
|-----------------------|
| <b>FOR OFFICE USE</b> |
|-----------------------|

Student Name: .....

Tutor Group: ..... Amount Enclosed: .....

Payment Method - Please tick one: Cheque  Cash  Online (preferred)  (date online payment made  
...../...../2018)

Signed ..... Parent/Carer



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|---|
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|---|

**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:** **Farnborough Bowl** **Date/s:** **20<sup>th</sup> December 2018**

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:**.....