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Chief Executive: Mr D Judson, BEd, NPQH
Head of School: Mr N Lindsay, BA (Hons), NPQH

15 September 2021

Dear Parent / Carer,

Re: Year 11 Queen Elizabeth Sixth Form College Visit

Your child has chosen to attend a visit to Queen Elizabeth Sixth Form College on the morning of Monday 27th September 2021 to find out more about the college and the courses offered. Your child has made their choice about which taster lessons they would like to attend. These will be confirmed in advance of the visit.

On the day, pupils will leave school at 9.00am after morning registration and will return in time for the start of lunch, approximately 12.35pm.

Pupils must be in full school uniform for this visit. All pupils need to bring a pencil, pen and paper.

If you would like your child to attend, please complete the attached reply slip and indemnity form and return it to myself no later than Thursday 23rd September 2021.

If you have any questions prior to the visit, please do not hesitate to contact me via main reception or by email gillsmith@longfield.swiftacademies.org.uk

Yours faithfully,

Mrs G Smith
Careers Adviser

For the attention of Mrs Smith

Year 11 Queen Elizabeth Sixth Form College Visit

Monday 27th September 2021

I wish for my child to take part in the above visit.

To comply with General Data Protection Regulations (GDPR) we need your consent to take images of your child and use them as part of school displays and newsletters, on the school's website, on social media and in printed publications.

Please tick the corresponding boxes if you are happy for your child's name and/or photograph to be used in conjunction with the above event:

Name

Photograph

Pupil Name

.....

Form

.....

Parent/Carer

.....

Signed

.....

Date

.....

Emergency Contact (Name & Telephone)

.....

Medical Information

.....

.....

.....



Educational / Recreational Visits: Parental Consent & Indemnity

Please complete this form as fully as possible. The completing of this form will not only consent the pupil stated below to attend and participate in activities as described in documentation from the school / establishment, but also, provide essential information in the event of an emergency. If you have any queries as to the nature of activities or conduct of the educational / recreational visit, please do not hesitate to contact the group leader in charge of the visit.

Details of Visit: Year 11 Queen Elizabeth Sixth Form College Visit

Date: Monday 27th September 2021

Name of Pupil: **Form Group:**

Home Address:

1st Contact Name: **Tel. Number:**

2nd Contact Name: **Tel. Number:**

I hereby consent to the attendance of my child, upon the above educational / recreational visit when the person(s) in charge of the party will be appointed by Longfield Academy. I also agree to their participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on their part.

Medical Information

a) Does your child have any conditions that we need to be aware of? (social, emotional, medical etc.)
YES / NO

Please give full details

.....
.....

b) Does your child require any medication? **YES / NO**

If YES - please give brief details and describe the medication, dosage and frequency required:

.....

I further consent to the giving of any such urgent medical or surgical treatment, including anaesthetic to my child, as considered necessary by the medical authorities present as a result of an emergency during the educational / recreational visit.

c) Is your child allergic to any medication? **YES / NO**

If YES, please give brief details

.....

d) Is your child travelsick? **YES / NO**

Please specify any **medication** you will supply to alleviate this:

.....

e) Has your child been in contact with any contagious or infectious **diseases** or suffered from anything in the last four weeks that may be or may become contagious or infectious? **YES / NO**

If YES, please give brief details

.....

f) Is your child **allergic** to anything? e.g. Wasps, fish, milk etc. **YES / NO**

If YES, please give brief details

.....

g) Has your child had a **tetanus** injection in the last five years? **YES / NO**

If YES, please give brief details

.....

h) Does your child have any **dietary intolerances**? **YES / NO**

If YES, please give brief details

.....

i) Please specify any **dietary requirements** for your child:

.....

j) I also give my permission for staff to administer any painkillers if necessary for headaches / toothaches etc. (preferred painkiller – **if yes please give details of preferred type**):

.....

DECLARATION

Please read and sign to acknowledge your agreement and consent. If you have any reservations or queries in connection with the educational / recreational visit, please contact the group leader in charge.

In consideration of the person in charge of the visit agreeing to the inclusion of my child as a member of the visit, I hereby undertake to indemnify him/her and any other member of the visit against any reasonable expenses incurred on behalf of my child during the visit.

Signed:**Parent / Carer**

Date:

Once complete, please return this form to: Mrs G Smith