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December 2024

Dear Parent/Guardian,

I am writing to inform you about an opportunity for our Sociology students to attend an Insight day in the Sociology Department at Bournemouth University. This will take place on **Wednesday 29th January 2025**.

The day will consist of an 80 minute lecture, with three lecturers discussing their research in relation to the themes of education, families and households, research methods and theories, media, and crime and deviance, followed by 40 minutes lunch break, then breaking out into active seminars for the rest of the afternoon.

This is an excellent opportunity for students to have an experience they can write about in their personal statement, and/or to add knowledge and examples to their written exams. This trip will encompass a day of helping to bring to life their studies with new experiences. Students will be leaving school at 9.20am by coach and we will be returning for 2.30pm.

Students will need to bring a packed lunch/drinks or cash to use in the canteen.

The cost for this trip is £13.00 each. We would urge ALL students to attend. Payment should be made using the school's on-line Wisepay facility. Please make a note of your Wisepay receipt reference, as you will need to provide this on the attached slip/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment. This will be a valuable experience, which I am sure your child will find of great benefit.

To confirm that you give permission for your child to take part, please complete the attached reply slip and medical form and return to the star room by **Friday 10th January 2025.**

Yours faithfully

Mrs Karen Harris
Sociology Teacher

STUDENT NAME …… TUTOR …….

TO BE RETURNED TO Star room by 10th January

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
Event: Bournemouth University Sociology Trip	Date: 29th January 2025
Student Name:	

MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	**ALTERNATIVE EMERGENCY CONTACT DETAILS**
Name of contact:	Name of contact:
Contact telephone number:	Contact telephone number:
Relationship to student:	Relationship to student:

STUDENT'S MEDICAL INFORMATION

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO

If the answer to any of these questions is YES, please give details:

TRIP PAYMENT - All trip payments are to be made using WisePay

I have paid using WisePay and my reference number is ……..

CONSENT DECLARATION

I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.	**YES / NO**
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.	**YES / NO**
I give consent for my child to be photographed during the event and for these photographs to be used in school media.	**YES / NO**
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.	**YES / NO**

Signed: **Print Name:** **Date:**