

Monday, 17 May 2010

Dear Parent

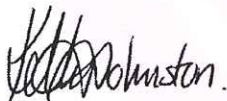
Your child has shown a keen interest to get involved in a new project that the Extended Services Team are setting up. The project is an intergenerational project working with residents from Bisley Court Sheltered Housing, off Butts Road. The project would involve students supporting the older people with modern technologies such as computers, the internet, mobile phones and digital cameras.

The project is run weekly on the KS3 site on Tuesdays after school until 4pm, in room 308.

If you would be happy for your child to take part in this project please complete the attached reply slip and a yearly medical form has been attached for those students who have not already completed one this academic year.

If you have any questions or would like to discuss plans for the project please contact me directly on 02380 425340.

Yours sincerely



Mrs K Johnston  
Extended Services Manager

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**Ref: ICT Intergenerational Project**

To: Student Services, Oasis Academy Mayfield

I give/ do not give\* permission for my child to take part in the ICT Intergenerational Project after school on Tuesdays.

Pupils Name:.....

Tutor Group:.....

Signed: ..... Parent/guardian



Specialist Schools  
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EXCELLENCE AND INCLUSIVITY



ACADEMIES

Principal - Mr John Toland  
The Grove, Southampton, SO19 9LX  
Tel: 023 8032 8128 . Fax: 023 8032 8228 . [www.oasisacademymayfield.org](http://www.oasisacademymayfield.org)

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**Yearly Educational Visit Information, Medical and Consent Form**  
*(Please complete both sides)*

**Visits, Journeys and Events 2009/2010**

**Personal details**

First name of participant ..... Surname .....

Date of Birth ..... Age ..... Male/Female Tutor Group .....

Address .....

..... Postcode .....

Name of next of kin .....

Next of kin address (if different from above) .....

.....

Contact no: Home ..... Work ..... Mobile .....

Name and address of participant's doctor: .....

.....

.....

Telephone no ..... NHS No. (if known) .....

**Any Additional Information** (you feel would be useful) .....

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**Consent for taking images**

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used for educational purposes. Yes/No

I consent to the images being used on the website. Yes/No

Signed .....  
*(Person with parental responsibility)*

## Educational Visits & Activities Medical Form

*(Please complete both sides)*

Has the participant had any of the following?

|                             |        |  |        |
|-----------------------------|--------|--|--------|
| Asthma or bronchitis        | Yes/No | Allergies to any known medication                  | Yes/No |
| Heart condition             | Yes/No | Any other allergies, e.g. material, food, plastics | 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 |

If the answer to any of the questions above is yes, please give details

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If it is considered necessary, do you agree to mild pain killers (e.g. Paracetamol) being administered. Yes/No

Has the participant received vaccination against Tetanus in the last 10 years? Yes/No

Is the participant receiving medical or surgical treatment of any kind from either your family doctor or hospital? Yes/No

Has the participant been given specific medical advice to follow in emergencies? Yes/No

If the answer to either of the last two questions is Yes, please give details here (including dosage of any medicines/tablets): .....

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In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

**In the event of any illness or medical treatment occurring after the return of this form, and prior to any visit, journey or activity, I take full responsibility to inform Oasis Academy Mayfield of any changes.**

Signed: .....  
 (Person with parental responsibility)

Please print name: ..... Date.....

**Yearly Educational Visit/Event 2009-2010**  
**Code of Conduct**

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

It is expected that the Code of Conduct, in the Academy, which emphasises **Courtesy, Co-operation, Commitment, Creativity** and **Challenge**, will also be relevant to any visit, trip or event organised by Oasis Academy Mayfield.

In particular it is expected that students:

- Will be punctual and dress appropriately.
- Follow all instructions given by those organising and leading school trips, visits or events.
- Behave with courtesy and respect at all times.
- Take responsibility for personal stereos or mobile phones.
- Act as an ambassador and representative of the Academy in all situations.

Any student who does not maintain these standards can expect a review of their attendance at any future activities and further action upon return to school.

Signed: ..... Date: .....  
(Person with parental responsibility)

Please print name: .....

Student's Signature: ..... Date: .....