

6<sup>th</sup> October 2011

Dear Parents

**Re: Solent Skills Festival, Southampton City Cruise Terminal  
Thursday 3<sup>rd</sup> November 2011**

Solent Skills Festival is a yearly conference that provides an opportunity for all our students in Year 9 to widen their future career aspirations. This experience will enable students to be introduced to the professional and vocational disciplines within the many career sectors, including Business and Finance, Health, Marine, Construction and Engineering. Around 60 employers will be exhibiting their work to provide information about skills and careers within their relevant areas.

Training Providers, Colleges, Universities and Armed Forces will also be in attendance to advise on training and career pathways. I am confident that the experience will prove worthwhile and positive and I am pleased to be able to invite your son/daughter to attend.

The Academy will provide transport on the day leaving The Grove site at 9:30am and returning to the Academy at 12:30pm in time lunch. As students will be representing the Academy, the expectation is that they wear full Academy uniform and adhere to the Academy code of conduct.

If you agree to your son/daughter attending the conference with the Academy I would be grateful if you could complete the attached reply slip and confidential medical questionnaire and return to Student Services Monday 31st October 2011.

If you have further queries please do not hesitate to contact Mr Ian Kennard, Year 9 Leader on 02380 328128

Yours sincerely



Mr Ian Kennard  
Year 9 Leader

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### Reply Slip

**Re: Solent Skills Festival, Southampton City Cruise Terminal  
Thursday 3<sup>rd</sup> November 2011**

Please return to Student Services by Monday 31<sup>st</sup> October 2011

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

I give permission for my son/daughter to attend the Solent Skills Festival

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



Specialist Schools  
and Academies Trust  
EXCELLENCE AND ENERGY



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 2011/2012**

**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) .....

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

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

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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.....