



Congleton High School

Achieving Success Together

Congleton High School
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Headteacher: Mr J Barlow
BA (Educ) Hons, NPQH

10 June 2022

Dear Parent/Carer,

Re: A Level History – Keele University

As part of your child’s A Level History course, we are running a visit to Keele University library on the afternoon of Friday 01 July. The students will receive a short induction from a member of the library’s staff and will then have time to use the History section to undertake research for their coursework essay on Medieval England. History staff from Congleton High will be present to support the students with their research if they require it.

The students will leave school at 12.20pm and return for 4.00pm. They will travel by school mini bus or staff car. Students should wear appropriate clothing and should either eat before leaving school or bring a packed lunch with them as there will be limited opportunities to eat once we are at the library. There is no charge for this visit.

Please would you complete the attached consent and medical information forms and contact me at jfryer@congletonhigh.com if you have any questions about this visit.

Yours faithfully

Mr A J Frye

Reply Slip
Re: A Level History – Keele University

Student Name: _____ **Tutor Group:** _____

I give permission for my child to attend the above visit to Keele University

Signed By: _____ **Date:** _____
(Parent/Carer)

**PARENT / GUARDIAN CONSENT
FOR AN EDUCATIONAL VISIT**



This form should be distributed with an information sheet giving full details of the visit

Name of pupil.....Male /Female

Establishment/Group: **CONGLETON HIGH SCHOOL**

Visit to: A Level History visit to Keele University

From: Date: 01.07.22 Time: 12.20pm To: Date: 01.07.22 Time: 4.00pm

1. Permission (please tick)

- I have read the information sheet and I agree to my child's participation in this visit and in the activities described.
- I acknowledge the need for my child to behave responsibly throughout the visit.

2. Medical information about your child

a) Does your child have any conditions requiring medical treatment, including medication
YES / NO
If yes, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your child:

c) Has your child had any recent illness or accident staff should be aware of?
YES / NO
If yes, please give brief details

c) What type of pain/flu relief medication may your child be given if necessary?

3. For residential visits and exchanges only

d) Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?
YES / NO
If yes, please give brief details

e) Is your child allergic to any medication?
YES / NO
If yes, please specify

.....
f) When did your son/daughter last have a tetanus injection?
.....

4. Emergency Contact Details

a) Name and relation to child:.....

Work Phone: Home Phone:

Home address:

Email address:

b) Name and relation to child:

Work Phone.....Home Phone.....

Address:

Email address:

Name of family doctor..... Telephone number:

Address:

.....
As part of the activities your son/daughter/ward are involved in photographs or video footage may be taken to be used in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way? **YES / NO**

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed.....

Full name (please print clearly).....

Relation to child

THIS FORM OR A COPY WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT