

15<sup>th</sup> May 2024

Headteacher - Patrick Earnshaw  
Deputy Headteacher - Mathew Downs  
Assistant Headteacher (Head of Sixth Form) - Lisa Swan

## Bournemouth Arts University – Foundation Show 2024

Dear Parent/Guardian,

We are delighted to be able to offer your child the opportunity to attend AUB's End of Year Foundation Course Show. The visit will take place on Friday 7th June 2024 from 9am – 11.20am. The trip is open to all our Art, Design and Technology Year 12 students and we have 30 spaces available. We hope this opportunity and experience of seeing students work at Foundation level in a prestigious university environment will inspire students before they start on their personal Year 13 project.

We will be travelling to and from AUB via our school minibuses. Please ensure your child brings enough food and drinks for the visit or some money for the café.

If you would like your child to participate in this trip, please complete and return the attached medical form to Mrs Stoodley by Friday 24th May.

If you have any queries about any of the above, please do not hesitate to contact the Art, Design and Technology department.

Yours faithfully,



Mrs Stoodley



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO .....Mrs Stoodley .....

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Bournemouth Arts University – Foundation Show 2024		Date: Friday 7th June 2024	
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: