

15 January 2020

Dear Parent/Carer

**Bath University visit**  
**Year 12B RRT**

Over the coming months various trips and activities are planned to assist our year 12 students in their choices after IKB. On **February 3<sup>rd</sup> 2020**, we have arranged for students to visit Bath University in order to gain some experience of university life and ask questions of current university students.

Details of the event are as follows:-

<b>Location:</b>	Bath University, Bath
<b>Date:</b>	Monday 3 <sup>rd</sup> February 2020
<b>Time of departure from school:</b>	1.30pm
<b>Time of return to school:</b>	3.30pm
<b>Mode of Travel:</b>	Coach
<b>Cost:</b>	No cost for this activity

Students must be dressed appropriately for the activity. Students may wish to bring a packed lunch.

Please note it is a ruling by the Governing Body, under Health and Safety, that any student who requires an inhaler must have it in his/her possession for the duration of the visit. A student who needs but does not have an inhaler will not be allowed to attend.

If you wish for your son or daughter to participate in this event, please complete and return the attached permission slip by **Friday 24<sup>th</sup> January 2020**.

Yours sincerely

Mr R Rutland  
Head of Sixth form

**IKB ACADEMY**

**Due to health and safety legislation, if this form has not been completed, returned and logged, your son/daughter will not be able to take part in this visit.**

<b>Student Name</b>	
<b>Emergency Contact 1</b>	
<b>Contact Number</b>	
<b>Emergency Contact 2</b>	
<b>Contact Number</b>	
<b>GP Surgery</b>	
<b>GP Contact Number</b>	
<b>Important : Please advise us of any health issues that the Visit Leader should be aware of (e.g. physical, medication carried, allergies to food or medicine)</b>	
<b>My son/daughter carries an asthma inhaler</b>	Yes / No
<b>My son/daughter carries an epi-pen</b>	Yes / No

**Declaration**

I give permission for my son/daughter to attend Bath University trip on **Monday 3<sup>rd</sup> February 2020**

I give permission for my son/daughter's image/photograph to be used in promotional literature for IKB Academy

As parent/carer of the above named student I have read, understood and am satisfied with the details supply about the above mentioned activity and assessed risks associated with them and I agree to him/her taking part. I agree that:-

- My son/daughter is fit to participate in the activities described
- He/she will comply with any special conditions applicable and that any unacceptable or bad behaviour which exists or reoccurs during the visit/activity may lead to him or her being excluded and mechanisms put in place to return persistent offenders home with associated costs borne by the parents/carers of that student
- If I cannot be contacted, I give permission for any emergency dental or medical treatment that is considered necessary by the medical authorities present, to be authorised by the party leader whilst the group is away from home

Name of Parent/Carer (IN BLOCK CAPITALS) .....

Signature ..... Date .....