

10 May 2011

Dear Parent

History Department – Reading Party to Oxford 10-11 July 2011

In the period after the school examinations, the History Department intends to offer the opportunity to Lower Sixth pupils to join a reading party for a couple of days in Oxford. The intention is to allow those pupils considering studying history, or related subjects, at degree level to spend time in a university environment.

The History Faculty Library will be open to the party. Its resources might be used to pursue issues raised by Sixth Form history courses and the lunchtime historiography classes or to support PGS Extend projects. There will also be visits to the Bodleian Library and St Peter's College.

The party will comprise two members of staff and ten pupils. We will stay at The Queen's College in single rooms; leaving PGS by minibus at 2pm on Sunday 10 July and Oxford at 5pm on Monday 11 July, with a view to returning to PGS by 7pm.

Smart casual dress will be worn. Breakfast is provided by the college but pupils will have to make their own provision for other meals. The reading party's costs (travel and accommodation) will be substantially subsidised by the School but pupils are requested to make a contribution of £35. This will be added to the end of term bill.

S Lemieux
Head of History



Please return to Mr Lemieux **by 27 May 2011**

History Department – Reading Party to Oxford 10-11 July 2011

Pupil's Name (Please Print): _____

I give my permission for my daughter/son to attend the reading party and agree to £35 being added to the end of term account.

Parent's/Guardian's Name (Please Print): _____

Signature: _____ Date: _____

Parental Consent and Information Form

This completed consent/information form must be with the Trip Leader by the date specified in the covering letter, otherwise the pupil will be unable to be included in the party.

| | | | |
|--------------------------------------------------------|----------------------------------------------------------|----------------|------------------------|
| Title of Trip: | History Department – Reading Party to Oxford Trip | Date: | 10-11 July 2011 |
| Pupil Details | | | |
| Pupil's full name: | | Date of birth: | |
| Home address and contact address (if different): | | | |
| In an emergency I can be contacted as follows: | Home Tel: | | Work Tel: |
| | Mobile: | | email |
| If not available, please contact the following person: | | Tel: | |

| Medical Information: Please tick Yes or No for each question and give details for each 'Yes' | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|---------|
| Does your child: | NO | YES | DETAILS |
| suffer from any allergy to food, medication, fur, bee sting etc.? | | | |
| currently receive treatment for or take any medication for or suffer from any medical condition? | | | |
| carry an inhaler, epipen, insulin kit or other? If yes, please ensure that a second labelled inhaler, epipen etc. is given to the Trip Leader for safe keeping. | | | |
| have any special dietary requirements? | | | |
| suffer from vertigo (fear of heights)? | | | |
| suffer from travel or motion sickness? | | | |
| Is there any physical activity your child may not participate in? | | | |

Please Turnover

| | | NO | YES | DETAILS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|------|---------|
| Has your child had any recent illness or injury? If yes, please give details of what and when. | | | | |
| Has your child had a tetanus injection in the last 10 years? | | | | |
| Contact details for doctor: Name: | Address: | | Tel: | |
| Please add any additional information you may consider the school should know. Please feel free to contact the Trip Leader if you would like to discuss particular needs more fully. | | | | |
| Please ensure that you inform the Trip Leader of any changes to this information before the start of the trip. | | | | |
| Conduct during the Trip | | | | |
| <p>Pupils are expected to obey instructions given by the staff of any establishment visited, and activity instructors, as well as teachers. Normal school rules apply. In the very unlikely event that a pupil fails to comply, staff reserve the right to remove a pupil from a trip and make arrangements for their return home at parents' expense. In this situation no refund of trip fees would be payable.</p> <p>Pupils are expected to take responsibility of all belongings, especially valuables, in accordance with arrangements specific to the trip. These are not covered by the school insurance policy.</p> | | | | |
| Consent Declaration | | | | |
| <p>I, being the parent/guardian of the child named at the head of this form, give consent for him/her to attend the proposed activity.</p> <p>I have read and understood the expected code of conduct and agree that my son or daughter will abide by these instructions.</p> <p>I realise that in some cases the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small, cannot be eliminated without making the activity pointless. Portsmouth Grammar School has done its utmost to minimise and manage these risks.</p> <p>I give consent for him/her to receive emergency medical treatment, including anaesthetic and/or blood transfusion, as considered necessary by any medical doctor present, should the need arise. I have informed the school of all medical conditions or treatments that he/she suffers from or requires to maintain health. I agree to inform the group leader of any change in medical condition.</p> <p>I am aware that the school has a detailed policy on the safe running of educational visits, which can viewed on the school website.</p> <p>Name: _____</p> <p>Signature and date: _____</p> <p>Relationship to child: _____</p> <p>Please return the signed form to the Trip Leader</p> | | | | |