



7 May 2019

***European Youth Parliament UK Finals
Liverpool, 27-30th June 2019***

Dear Parents / Carers

I am delighted to confirm that your son/ daughter is part of our highly successful debate team that has earned a place at the European Youth Parliament UK finals in Liverpool 27-30th June 2019.

The information received from the EYUPUK states: *'The Summer National Session will take place at Hope Park Campus of Liverpool Hope University between 27th-30th June 2019. Hope Park Campus shall host our accommodation, catering venues, and venues for the Session over the entirety of the four days; all of which are within an extremely short walk of each other'*. The full itinerary has not yet been confirmed but it will include working in committees to find solutions to topical problems, working with experts and learning more about policy making at a national and international level.

We must arrive at Liverpool Hope University for check-in before 2pm and therefore we will leave school at 9.30am on Thursday 27th June travelling by minibus. We anticipate arriving back to school at 6pm on Sunday 30th. We will ask students to confirm this time with you when we are on our way back. The two staff accompanying students are Mrs Abigail Harris and Mr David Dempsey. Staff are also placed in accommodation with the students and remain with them throughout the trip.

For this session the EYPUK charge each delegate (including staff) £140. We have been successful in obtaining funding for the transport and staff places. Therefore in order for the trip to take place, it must be self-financing, and so we invite you to make a contribution of £140 which includes all activities, accommodation and food. Students may wish to bring some spending money.

The dress code for the event is 'smart/casual' for the duration, but students are not required to wear uniform.

Headmaster: M S R Morgan BSc (Hons), MA, FRGS

Founded in 1666 as a Bluecoat Hospital

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Oakleaze, Gloucester, GL2 0LF
info@strs.org.uk, www.strs.org.uk
01452 338400

I would be grateful if you could return the consent form to the Finance Office** **Monday 13th May**, at the latest to allow me to confirm the names of the delegates and any medical and dietary needs.

Due to the short notice of the trip full payment is not required until 20th June 2019, although the option to pay immediately is available. In addition we have set up an instalments option using our online facility.

If you choose not to pay via the online facility, please include cash or a cheque with the consent form, in an envelope marked with your child's name and form, and the name of the trip, **EYPUK 2019**.

Yours faithfully



Ms. A. Harris, Teacher/Politics Dept.
AH@strs.org.uk

**Parents on low incomes and in receipt of certain benefits (see School's Charging and Remission Policy) may contact the School for support in meeting the cost. If parents are unable to make the contribution their child will not necessarily be excluded from the visit but it may be cancelled if there are insufficient voluntary contributions.*

*** open to students at break times and lunch time only.*

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Sir Thomas Rich's School: Consent - Off-site Visits (inc. personal & medical information)

The information being collected on this form is important to ensure that appropriate care and support is available for your child on school visits. We handle all data you provide to us in line with Data Protection Legislation and our own Data Protection Policy.

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1. Description and date of visit:
2. Name of participant: _____ Form: _____
3. Address: _____
 _____ Postcode: _____
 Date of Birth: _____ Pupil Mobile No. _____
4. Name of Parent or Guardian: _____
5. Contact Telephone Numbers:
 Day: _____ Evening: _____ Mobile: _____
 E-mail: _____
6. Additional Emergency Contact:
 Name: _____ Relationship: _____
 Telephone number(s) _____
7. Can your child swim 50 metres? YES/NO
8. Does he/she have any special dietary needs? YES/NO If yes, please provide details

9. Medical Information:
 - A. Is your child allergic to anything (e.g. antibiotics, elaplast, aspirin, any particular food?
 YES/NO If yes, please give details:

 - B. Does he/she suffer from diabetes, migraine, epilepsy, bad period pains or any other illness
 or disability? YES/NO If yes, give details:

C. If a residential visit, does your child have any night-time tendencies e.g. sleepwalking, nightmares, bed-wetting? YES/NO If yes, please give details

D. Has your child had any recent significant illness or injuries? YES/NO If yes, give details:

E. Has your child been in contact with any infectious or contagious illness in the last 4 weeks? YES/NO If yes, give details

F. Is he/she receiving any medication at present? YES/NO If yes, give details and state any special precautions required or side effects.

I wish a member of **staff/ my child*** to administer the above medication. *Please delete as appropriate.*

Parental declaration and medical consent

- I agree to my child taking part in the visit.
- I understand that the visit staff will take all reasonable care of participants.
- I undertake to inform the visit leader of any changes in the medical or other circumstances of my child prior to the visit.
- **I give/ do not give*** my consent for visit staff to provide treatment for minor ailments such as headaches, colds, rashes, sunburn with "off the shelf" products commonly available from chemists e.g. paracetamol, antiseptic cream, throat lozenges.
- **I give/ do not give*** my consent to any emergency treatment deemed necessary and authorise the visit leader to sign on my behalf any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary and any delay in contacting me might, in the opinion of the doctor or surgeon concerned, endanger my child's health and safety. **please delete as appropriate*

| | |
|-----------------------------------|--------------------|
| Signature of Parent: _____ | Date: _____ |
|-----------------------------------|--------------------|

N.B. IF YOU WISH TO WITHHOLD YOUR CONSENT FOR ANY OF THE ACTIVITIES OR QUALIFY YOUR CONSENT FOR EMERGENCY TREATMENT PLEASE PROVIDE DETAILS BELOW:

IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT trips@strs.org.uk.