



5th March 2018

Dear Parent/Guardian

Year 7 STEM trip - 13th March 2018

Next week is National Science Week, and we have an amazing opportunity for your son/daughter. One of our local businesses, 3M, who we have done a lot of work with through our STEM lab and the STEM ambassador programme, has offered us the chance to visit their factory and have a go at using some of their equipment.

Their plan is for students to be involved in;

- 1) An innovation challenge - to come up with ideas for products to solve a customer's problem.
- 2) A demonstration of, and hands-on experience with 3M products.
- 3) An abrasives challenge - a competition using different abrasives.

This is an outstanding opportunity and one that I am sure the students will benefit from. If you are keen for your son/daughter to go then please fill out the attached form and the reply slip below and return it to Mr Grainger (or Reception) on, or before, **Friday 9th March**. Without the form and permission slip we cannot allow your child to attend.

Many thanks

Richard Grainger
Assistant Principal

I allow my son/daughter..... to attend the STEM trip to 3M for Science Week, on Tuesday 13th March 2018.

Signed:

Date:

Parent name (please print):



The Queen Elizabeth Academy

“We Can and We Will”

Consent to Visits, Medical Details and Treatment Form (OSA2)

Visit to:

From: (date) To: (date)

Name of Pupil:

Date of Birth: Male Female

Home address:

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Telephone No:

Emergency contact telephone numbers (home / mob / work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor.....

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Known Medical Conditions / Medications:

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Known allergies:

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"We Can and We Will"

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

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Are there any reasons that you know of that stops he / she from participating fully in the planned activities?

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Are there any activities in which he / she should not participate?

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Please indicate any special food dietary / requirements (if applicable):

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Other relevant Information:

I wish my child to take part in the educational visit / offsite activity and having read the information provided; agree to his / her taking part in any or all of the activities described.

I agree to my son / daughter receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my son / daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to academy staff by the GP if circumstances are deemed necessary and appropriate.

Please note: All educational visits and offsite activities carry some amount of risk.

Your name (Please print):

Signature: Date: