

7 October 2016



Dear Parent/Carer

I am writing to inform you that on Thursday 3 November, we intend to take all year 12 students to the 'Safe Drive Stay Alive' event, organised by the West Sussex Fire and Rescue Service. It will take place from 10.10am to 12.00noon at the Pavilion Theatre, Worthing.

This is an annual event, attended by post 16 students from colleges and Sixth Forms from across West Sussex. The aim is to educate young people to act responsibly in vehicles on the roads. Feedback from students in the past has been very positive and the event is highly recommended for all post 16 students.

Students will be taken by coach to the event, accompanied by three members of staff. The coach will leave at 9.15am from the front of the Academy building, arriving at the venue before 10.00am. The event will last for just under two hours, and we plan to be back at the Academy by 12.30pm. There is no charge to students for this trip.

I would be grateful if you could complete the consent slip attached and return it no later than Friday 14 October.

Yours faithfully

**Mr C Langan**  
**Head of W6 Sixth Form**





# Reply Slip

**Please return to your son/daughter's Tutor by Friday 14 October**

## **SAFE DRIVE STAY ALIVE EVENT ON 3 NOVEMBER 2016**

Name: \_\_\_\_\_ Tutor: \_\_\_\_\_

- I give permission for my son/daughter to attend the Safe Drive Stay Alive event, as detailed in the attached letter.
- I do not give permission for my son/daughter to attend this event.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Carer**

---

### **Medical Information**

Does your child suffer from:

Asthma, Travel Sickness, Migraine, Allergies (Penicillin or other drugs / insect bites / food / nuts etc), Epilepsy, Diabetes, Eczema, on regular medication, past injuries which may still be relevant (please circle as appropriate)

Other (please state) \_\_\_\_\_

Should the necessity arise, in an emergency, I agree to the person in charge of the party giving consent on my behalf, and on the firm advice of a doctor, for an anaesthetic to be administered or for any other URGENT treatment to be given.

Signed: \_\_\_\_\_ Parent/Carer

Address: \_\_\_\_\_

Home Tel No: \_\_\_\_\_

Emergency Contact. No: \_\_\_\_\_

Date: \_\_\_\_\_