



**PRENTON**

High School for Girls

Making a positive difference today to achieve a better tomorrow

Hesketh Avenue, Birkenhead, Wirral CH42 6RR

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@prentonhigh

Headteacher: Mrs L Ayling BA (Hons) NPQH

February 2020

Dear Parent/Carer

**University of Liverpool, Young Medics: Thursday 12 March 2020**

As you are aware, the next Young Medics Event of this academic year will be taking place on **Thursday 12 March 2020**. I am writing to confirm transport arrangements for the day and would be grateful if you could sign the attached consent forms and return them to me at school.

The three students that have been accepted onto the programme will be travelling together in a taxi provided by Liverpool University. A member of Prenton High School staff will not be accompanying the group, but I can assure you that both the university and school have carried out stringent risk assessments to ensure the safety of your child on the day. The taxi drivers have been DBS checked and the university have used the company for many years without any problems arising.

The group will leave school at **9.15** and depart from the university by **15.30**. Lunch will be not provided, so your child will need a packed lunch. If your child is in receipt of free school meals the school will provide a packed lunch should one be requested on the reply slip. Your child is not required to wear school uniform but should dress appropriately.

Please return the reply slip by **Monday 24 February 2020**. If you have any further questions do not hesitate to contact me on 0151 644 8113, extension 211 or [taylor@prentonhighschool.co.uk](mailto:taylor@prentonhighschool.co.uk)

Yours faithfully

Mr S Taylor  
Subject Leader: Art/DT  
CEIAG Lead

**PARENT/CARER CONSENT FORM FOR EDUCATIONAL VISITS**

**REPLY SLIP**

**Visit to: Young Medics, The University of Liverpool**

**Date: Thursday 12 March 2020 9.15 – approx. 15:30**

I agree to my child \_\_\_\_\_ of Form \_\_\_\_\_ taking part in the above mentioned visit and having read the information sheet agree to their participation to any of the activities described. I acknowledge the need for obedience and responsible behaviour on their part.

I understand that the University staff member in charge of the party will be acting in loco parentis and in the event of an accident I agree to my child receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Prenton High School for Girls is insured in respect of its legal liabilities only and that there is no Personal Accident, or other cover, unless I have been advised specifically by the organiser.

I understand that the trip returns outside of school hours, therefore I am responsible for my child thereafter.

Accidents may therefore arise for which Prenton High School for Girls is not responsible. Parents/Carers may wish to obtain suitable insurance to cover such eventualities.

**Parent/Carer sign:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Form:** \_\_\_\_\_

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

**Contact Telephone No:** \_\_\_\_\_

My child is eligible for free school meals and would like a lunch provided; she has no dietary requirements

My child is eligible for free school meals and would like a lunch provided; she has the following dietary requirements:  
\_\_\_\_\_

My child can be dismissed from school upon her return

My child will be collected from school upon her return

By signing this letter, I am confirming that I have parental responsibility for the child named.

**PLEASE ENSURE THAT YOUR CHILD BRINGS WITH THEM ANY RELEVANT MEDICAL INFORMATION AND CONTACT NUMBERS**

**PRIVATE CAR FORM**

**Parental Consent Form for a Student to be Transported in Another Adult's Vehicle**

There may be occasions when your child could be transported in the car of another adult associated with the school.

The conditions under which other adults agree to provide use of their car are as follows:

They:

- Confirm they are willing to use their own vehicle for transporting students on Educational Visits
- Accept responsibility for maintaining appropriate insurance cover and have checked with their insurance company that students carried voluntarily are insured.
- Have a current clean, valid driving licence.
- Shall ensure the vehicle is roadworthy in all respects.
- Shall ensure all passengers wear correctly fastened seat belts.
- Shall at no time transport a single student, other than their own child, as part of any journey (this section does not apply to any 17/18/19-year-old student transporting their peers).
- Agree to the terms and conditions outlined in this declaration and will operate within them.
- Have never been interviewed, cautioned or convicted of any offence that would render them unsuitable to work with young people.
- Shall at no time transport a student or students while they are under the influence of alcohol or drugs.

I give permission for my child \_\_\_\_\_ to be transported in the car of another adult within the requirements explained to me.

**Parent/carer sign:** \_\_\_\_\_ **Print:** \_\_\_\_\_

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

**Name and address:** \_\_\_\_\_

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By signing this letter, I am confirming that I have parental responsibility for the child named.