

May 2024

Dear Parent/Guardian,

I am pleased to advise that we have been selected by Southampton Chemistry Department to attend the Twilight Chemistry Practical Sessions in the Chemistry Undergraduate Teaching Lab at Southampton University.

The trip will take place on **Monday 8th July** and is an excellent opportunity for our Year 12 Chemistry students to underpin central aspects of the A level Course and experience Chemistry from the perspective of an undergraduate student. Students will participate in a number of practical activities such as the extraction of trimyristin from nutmeg, a rewarding experiment that gives students the opportunity to use a range of organic practical and analytical techniques. The session will also feature the Royal Society of Chemistry Spectroscopy in a Suitcase. There will be a large number of demonstrators on hand to assist the students and answer their questions about Chemistry and University life. Students will be supervised at all times by both Highcliffe and University staff.

We will be travelling by minibus to Southampton University and will depart from school at 1.30pm and return at approximately 7.30pm. Please arrange for transport home from school in the evening. As there will be no opportunity to buy food on site, students can bring food and drink.

The trip will have no cost for students and all students studying A-level Chemistry will be able to attend.

If you would like your child to participate in this event, please complete the attached medical form and return it to me as soon as possible.

Yours faithfully,



Mrs Momoh
Head of Chemistry

PLEASE RETURN TO MRS MOMOH AS SOON AS POSSIBLE

I would like Tutor Group to participate in the Chemistry Twilight Session at Southampton University on **Monday 8th July 2024**

I will arrange transport home for my child.

Signed (Parent)



STUDENT NAME TUTOR

TO BE RETURNED TOMRS MOMOH

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Chemistry Twilight Session at Southampton University		Date: Monday 8 th July 2024	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:			
TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			YES / NO
I give consent for my child to be photographed during the event and for these photographs to be used in school media.			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
Signed:		Print Name:	Date: