



Sw/Cc
2019

Dear Parent / Carer

Re: Y11 ASDAN Personal and Social Development

As Part of the students' course we would like to return to the Lunch Bunch in Mildenhall to complete one last day of volunteering. This will also be a chance for the students to hand over the money that they have raised to help the Lunch Bunch deliver their valuable work.

On Tuesday 17th December the students will leave the academy at 9:00 a.m, returning at 10:15 a.m. volunteering for 1 hour of their time to help the Lunch Bunch of St John's Catholic Church, Mildenhall.

The work that the students will complete will be photographed and used as evidence to enable them to achieve a certificate in community action.

Voluntary work has also been proven to enhance a young person's CV making them more employable in the future. I would ask that you please complete the attached forms and return them to Mrs Williams.

Yours sincerely

Mrs S Williams
Mrs S Williams
Learning Support Tutor

Encs

To Mrs Williams

Ref:

Re: Y11 ASDAN Personal and Social Development

Student's Name..... **Tutor Group**.....

I give permission for the above named student to participate in volunteering work in the local community.

Signed..... **Parent / Carer**



Mildenhall College Academy- EDUCATIONAL VISITS

PARENTAL CONSENT FORM (PC/07)

NAME OF CHILD: _____

DATE OF BIRTH: _____

SCHOOL: Mildenhall College Academy

VISIT(S) TO: St John's Catholic Church, Mildenhall

DATE(S) OF VISIT(S): Tuesday 17th December

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the academys' governors.

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address

Alternative Contact if required

Name: _____

Name: _____

Address: _____

Address: _____

Post Code: _____

Post Code: _____

Tel: _____

Tel: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

