

15 September 2011

Dear Parents

‘A’ Level Chemistry in Action Conference, Thursday 8th December

The Chemistry Department will be taking the Year 12 and 13 Chemistry students to this year’s ‘Chemistry in Action’ conference. They will have the opportunity to hear from chemists working at the cutting edge of the subject. A summary of the sessions is given overleaf and it looks to be an extremely interesting, exciting and worthwhile day. Previous conferences have been very well received by students and teachers alike.

The conference will be held on **Thursday 8th December** at the **University of London Institute of Education** from **10:45-4:15**. The ticket price is £17 and for your convenience will be added to your daughter’s end-of-term bill. We will depart from Channing School at 9:15am and travel as a group on the Northern line from Archway to Euston, which is a short walk from the venue. Pupils will be expected to make their own way home and should bring adequate funds for travel to and from the conference.

Lunch will not be provided so students will need to make their own arrangements. There is a wide choice of cafés in the nearby Brunswick Centre.

Please complete and return the attached parental consent form to Mr Wardrop by **Wednesday 28th September**. Completion of this form also indicates agreement to the £17 cost being added to your end-of-term bill.

With best wishes,

Yours sincerely

Mr Wardrop
Chemistry Department

CHANNING SCHOOL

Highgate, N6 5HF

Telephone : 020 8340 2328

Fax number : 020 8341 5698

Teacher in ChargeMr Wardrop

PARENTAL CONSENT

To be returned, by Wednesday 28th September, to the teacher in charge of the expedition, at the above address

NO MEDICAL TREATMENT CAN TAKE PLACE UNLESS YOU FILL OUT THESE DETAILS IN FULL.
CHANNING SCHOOL CANNOT BE HELD RESPONSIBLE IF RELEVANT, ACCURATE INFORMATION IS NOT PROVIDED

EXPEDITION/VISIT:Chemistry in Action conference.....Date of Visit 8th December 2011

1. I agree to my daughter _____ (name in block capitals)
Taking part in this expedition/visit. I have received written details of the activities involved.
2. I authorise members of the supervisory staff to approve such essential medical treatment for My daughter as is deemed necessary in an emergency on the advice of a qualified medical Practitioner, which might include the use of anaesthetics and/or blood transfusion.
3. I agree to impress upon my daughter the necessity to behave responsibly. I understand that there can be no absolute guarantee of safety but appreciate that the school leaders of the visit will do everything practicable to ensure the safety of everyone on the visit.

NAME OF PARENT (*in block capitals*)

Home Address

If you will not be at home during the activity, please indicate here any other address and telephone number where you can be contacted

Telephone Numbers	Home	Work	Mobile
Doctor's Name and address			
and telephone number			
Signature of parent:			Date
4. If there is any medical or other relevant information of which the group leader should be aware please indicate fully in the space below.			
(i) Illnesses which your daughter may have:			
(ii) Medication plus dose in current use:			
(iii) Any medication/ food which your daughter is allergic to or may not take:			