

6<sup>th</sup> March 2015

RPA/JSN/Canterbury Christchurch

Dear Parent/Carer,

**Re: Canterbury Christchurch Big Bang**

I am delighted to inform you that your daughter/son has been selected to represent their year group at the Canterbury Christchurch 'Big Bang' STEM (Science, Technology, Engineering and Mathematics) event. It will take place on **Friday 20<sup>th</sup> March 2015**. On the day, the students can expect to get involved with interactive exhibits and stalls, workshops run by local companies and watch exciting STEM shows.

The students will be ambassadors of the Academy and therefore need to wear full Academy uniform. Students should bring a snack and drink to consume at the event, and a packed lunch to eat on the way back to the Academy.

Students will need to meet in the Academy reception at **7.50 a.m.** and will return at approximately **1:30 p.m.** (traffic dependent). This means students will be back for their fourth lesson, so please bring the necessary equipment. The visit is free-of-charge.

Please return both forms below to confirm that you allow your daughter/son on the visit, and do not hesitate to contact me with any queries on 01322 620466 or email [rebecca.page@leighacademy.org.uk](mailto:rebecca.page@leighacademy.org.uk).

Yours sincerely



Miss R. Page  
Coordinator of Science

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THE LEIGH ACADEMY

Please return your reply slip to Miss R Page in Chaucer Science Dept.

**Re: Science and Technology Big Bang fair**

\*(please delete as appropriate)

I would/would not like my son/daughter to attend the Science and Technology Big Bang day.

I do/do not give permission for my son/daughter to be photographed.

Student Name \_\_\_\_\_ Tutor Group \_\_\_\_\_:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Carer)

The Leigh Academy



**Medical Information Form & Authorisation of Medical Treatment**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Doctor: \_\_\_\_\_

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

Is there anything that we should know about your child's health? For example: asthma, epilepsy, allergies, medication, sight, hearing etc. If Yes, please give details below:

\_\_\_\_\_  
\_\_\_\_\_

Date of last anti-tetanus injection \_\_\_\_\_

Parents/Carers Emergency Telephone no's: \_\_\_\_\_

Near relative emergency telephone no: \_\_\_\_\_

PLEASE LET US KNOW WHEN YOUR CHILD HAS A TETANUS BOOSTER AND IF YOUR EMERGENCY CONTACT NUMBERS CHANGE

**EMERGENCY TREATMENT FORM**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree to my daughter/son receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Carer