

12th April 2024

Dear Parents/Carers,

RE: ReachOut Graduation Event 2024

We are delighted to be working in partnership with **The University of Liverpool** to offer your child a place at the ReachOut Graduation Event on **Wednesday 24th April**.

To celebrate their progress, every young person on our **Liverpool** projects has been invited to attend the ReachOut Graduation ceremony, which will involve chances for mentees to have their hard work this year recognised and rewarded with prizes!

Due to space limitations, we are unable to invite parents to this event.

Please find the information below:

- **Date:** Wednesday 24th April 2024
- **Time:** 1:30 – 3:30pm
- **Location:** Rotblatt Lecture Theatre, Chadwick Building, University of Liverpool
- School will be responsible for **transport** to and from the venue
- Young people should **wear school uniform**
- **Lunch will not be provided**; we will be asking schools to have lunch at school before attending the event

To secure a place at the ReachOut Graduation please return a fully completed and signed consent form to school (not your ReachOut Project Leader).

Yours sincerely,

Melissa Clark
Project Manager

REACHOUT
CHARACTER | CONFIDENCE | CHANGE

Consent form to be returned to school

Name of young person: _____

Parent/carer name: _____

Relationship to young person: _____

Mobile number: _____

MEDICAL AND ALLERGY INFORMATION FOR YOUNG PERSON

DOES YOUR CHILD:

- Have a disability, learning difficulty or special need? (CIRCLE) YES / NO
- Have any medical condition of which we should be aware? (CIRCLE) YES / NO
- Any potential allergic reaction both in general and to medication which we should be aware? (CIRCLE) YES / NO
- Have any dietary requirements? (CIRCLE) YES / NO

If you have answered 'YES' to any question, please give details below:

Consents

- ☐ My child may attend the **ReachOut Graduation** on **Wednesday 24th April, 1:30 – 3:30pm.**
- ☐ In the event of a medical emergency and where attempts to contact me have failed, my child may receive medication or treatment at hospital and/or by medically qualified person(s) and ReachOut personnel may sign on my behalf any necessary consents or documentation required by the hospital or medical authorities PROVIDED THAT the delay required to obtain my consent might be considered likely to endanger my child's health or safety.

Signed:

Date:

Name (print):