



KING JAMES'S SCHOOL

KNARESBOROUGH

73c00318y/LSI/DSY
June 2018

Dear Parent/Carer

Organic Chemistry Practical Day: 'Synthesis & Analysis of Paracetamol Workshop'

To support the A-level Chemistry course, I have planned an educational workshop trip for our students. The trip is to **Leeds University on Monday 25 June 2018 (9.45am-4pm approx.)** during the Post-18 options period. This workshop will involve working in a laboratory environment for the whole day using various techniques and procedures to synthesise and analyse paracetamol. This includes weighing and mixing reagents, refluxing, vacuum filtration and recrystallization. Students will carry out analysis using melting point, thin layer chromatography and infra-red spectroscopy (IR), as well as discussion on nuclear magnetic resonance (NMR). This workshop fits in with the OCR B Salters Chemistry specification and provides hands-on experience of techniques, procedures and analytical techniques covered in the course.

Students are required to make their own travel arrangements to the University, as transport will not be provided. **All students must meet at the Chemistry Department of Leeds University next to the Parkinson Building by 9.30am** where a member of KJS staff will meet them just outside the building (or inside, if it is raining).

The schedule for the day is:

09.45	Arrival and registration in Lecture theatre D in the School of Chemistry
10.00	Welcome and introduction
10.15	Lab session
12.15	Lunch
13.30	Lab session continues
15.30	Evaluation and depart

On the day students should bring:

- Lab coats and safety specs if they have them; if not, they are available in the labs.
- Appropriate footwear for a laboratory environment i.e. no open toe shoes.
- Writing materials and notebooks.
- A packed lunch, alternatively there are a number of sandwich shops adjacent to the department or they may use the University refectory.

The cost for the trip is **£4.00** per student to provide teacher cover and insurance. Should you require financial assistance to meet the cost of this trip please contact me in the first instance. Payment for this trip is required **by Tuesday 19 June** and should be made online through ParentPay (www.parentpay.com). *Please tick the consent box for this trip.*

If you consent for your child to attend this visit please complete the below reply slip and attached medical form and return both directly to Mrs Sibley by Tuesday 19 June.

For information on how to get to the University, please visit:
http://www.leeds.ac.uk/info/5000/about/131/find_us where directions are available.

If you require any further information please do not hesitate to contact me.

Yours faithfully



Mrs Louise Sibley
KS5 Chemistry Coordinator

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ORGANIC CHEMISTRY PRACTICAL DAY: Synthesis & Analysis of Paracetamol Workshop' – Monday 25 June 2018

Student Name:		Tutor Group:	
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I give permission for the above named student to attend the educational workshop at Leeds University.

I confirm my child will make their own travel arrangements to the University.

Parent/Carer Name:		Date:	
Parent/Carer Signature:			

Completed slips to be returned to Mrs Sibley by Tuesday 19 June



Appendix 6 Consent and Medical Information

FOR EDUCATIONAL OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES

INFORMATION FOR PARENTS/GUARDIANS

Please complete the questions below and sign the consent. The personal and medical information requested is to ensure that a proper duty of care is possible during off-site visits.

Details of the visit or activity

Title of visit or activity	Organic Chemistry Practical Day: 'Synthesis & Analysis of Paracetamol Workshop'	
Location/venue	Leeds University	
Date(s) of visit or activity	Monday 25 June 2018	<input type="checkbox"/> This is a rolling programme of several visits
Nature of activities	educational Science workshop trip	
Venue/provider information	http://www.	

Transport

- Meet at venue Foot Minibus/Coach Car/Taxi organised by the establishment
 Train Ferry Plane Other:

Details of participant

Surname	
Forename	
Date of birth	
Gender	
Address	
Postcode	
Mobile Tel:	

Emergency contact telephone details

Name	
Relationship	
Home Tel	
Work Tel	
Mobile Tel	
Address if different from participant whilst visit takes place. Alternative names, relationship and numbers	

Doctor's Information

Doctor		Phone	
Address			

If the participant has a medical condition please discuss with your doctor and inform your Visit Leader before completing the form. This would not normally exclude someone from participating in an off-site visit or activity. It is important that sufficient necessary medication is brought on the visit and that the Visit Leader is made aware of this in good time.

Medical & Behavioural Information

Please answer Yes or No to each statement about the participant	Please tick	
Has the participant had any serious illness within the last two months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant recovering from an accident, injury or broken limb?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant have epilepsy, seizures, convulsions or absencing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any allergies, including historical reactions to medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any medical including historical, behavioural or other condition which may have an impact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of these questions is yes or if there is any other relevant information which will enable us to support and care for the participant during the visit please give details here or attach further information.

Has the participant had a tetanus injection?	Yes/No/Unknown	Date if known	
Do you consider the participant to be medically fit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Treatment during the visit or activity

Participants sometimes need treatment for minor conditions such as headaches. If the participant regularly uses non-prescribed medication please consult your Visit Leader beforehand.	Please tick
I give consent for the Visit Leader to make available previously used non-prescribed medication to the participant. I understand that I will be consulted by telephone before this takes place and that a record of dosage will be kept.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Swimming and Water Confidence

It may not necessary for participants to be able to swim on a visit or activity, but for some they may need to be water confident. Please indicate ability and confidence.	Ability & confidence of participant	Please tick
	Swimmer (at least 25m)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Water confident	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dietary Information

Please indicate any food allergies or dietary requirements e.g. food allergy, vegetarian.

Consent

I consent to the participant attending this educational off-site visit or activity provided by North Yorkshire County Council. I have received full information about the itinerary and programme, understand the nature of the visit and agree to the participant engaging in all the activities described. I understand that the programme may be changed by the Visit Leader in conjunction with any external provider due to weather or for other reasons. I also understand that the participant must adhere to the code of conduct and behaviour as set out by the Visit Leader

The information I have provided in this form is accurate at signing and I agree to NYCC adding this information to their electronic management information systems and agree to inform the Visit Leader as soon as possible of any changes between now and the start of the visit.

I agree to the participant receiving medication as instructed above and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. **(Please delete and initial any of the above you do not wish to give consent to).**

Name of Parent/Guardian/Carer (Unless the participant is over 16yrs and living independently)		Signature	
Name of Participant			
Relationship to Participant		Date	

Consent to use images or photographs

Photographs and video images are often taken on school trips. We use still and video images both for teaching purposes and for the purpose of producing publicity information both in hard copy and on-line on websites and social media. Collections of images may also be provided for groups at the end of visits as a memento.

Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to a participant and will **NOT** identify any participant by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

I give consent for North Yorkshire County Council to take, store, and use images of the participant for the purposes described below.	Please tick
Images being used for memento purposes for all participants, being distributed on DVD, CD or through secure electronic systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Images of the participant being used in publicity materials including on-line websites and social media.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Parent/Guardian/Carer	Signature
Relationship to Participant	Date

This form must be signed by the parent/guardian/carer (unless the participant is over 16yrs and living independently, in which case they should sign it) and returned to the Visit Leader.