



**4 September 2018**

**Stratford upon Avon Year 7 Residential trip**

Dear Parents / Carers

A major part of the transition programme for Year 7 to Sir Thomas Rich's School is our two-night residential trip to Stratford-upon-Avon.

The Primary aim of the trip is for pupils to spend time together with their fellow tutees outside the confines of the classroom and allow friendships to form so that on their return they feel more confident about life at Sir Thomas Rich's School.

The trip will commence for:

- **7S, 7R and 7C on Monday 17<sup>th</sup> September and return on Wednesday 19<sup>th</sup> September 2018**
- **7T and 7B on Wednesday 19<sup>th</sup> September and return on Friday 21<sup>st</sup> September 2018**

Your son should arrive at normal time on his day of departure and will be back in time for the end of the school day on his day of return.

Students do not need to wear school uniform, but should bring a packed lunch with them for that day. All other meals will be provided by YHA Stratford.

Pupils will be staying at YHA Stratford and activities will include: **mini golf**, a trip to a **butterfly farm** and a **Royal Shakespeare Company workshop**.

We shall also be visiting **Shakespeare's birthplace**. Final details of the itinerary will be given to students just prior to departure. As we are away for only two nights, a small holdall and rucksack will be sufficient. A kit list is attached.

In order for the trip to take place, it must be self-financing, and so we invite you to make a contribution of **£135.00\*** to cover the costs of travel and admission.

If you choose not to pay via the online facility, please include cash or a cheque with the consent form, in an envelope marked with your child's name and Form, and the name of the trip: **Y7 Stratford Residential**. If you have any queries regarding the online account, please contact our Finance Department ([financeoffice@strs.org.uk](mailto:financeoffice@strs.org.uk)).

**Headmaster: M S R Morgan BSc (Hons), MA, FRGS**

Founded in 1666 as a Bluecoat Hospital

A company limited by guarantee. Registered in England & Wales, company no 7331954

Oakleaze, Gloucester, GL2 0LF  
[info@strs.org.uk](mailto:info@strs.org.uk), [www.strs.org.uk](http://www.strs.org.uk)  
01452 338400

I would be grateful if you could return the attached medical consent form to **Reception by Monday 10<sup>th</sup> September**, at the latest.

Many families received a medical consent form on the Saturday induction day in June and subsequently submitted it; there is no need to re-submit.

Yours faithfully



**Jenny Robinson**  
**Head of Year 7, [jrr@strs.org.uk](mailto:jrr@strs.org.uk)**

\*Parents on low incomes and in receipt of certain benefits (see School's Charging and Remission Policy) may contact the School for support in meeting the cost. If parents are unable to make the contribution their child will not necessarily be excluded from the visit but it may be cancelled if there are insufficient voluntary contributions.

### **Stratford Kit List**

#### **BAGGAGE**

- 1 medium sized suitcase or holdall.
- 1 small rucksack for day activities.

#### **FOOTWEAR**

- 1 pair of trainers for walking.
- 1 pair of trainers / shoes for indoors.

#### **CLOTHING**

- 2 pairs of long trousers.
- 2 long sleeved tops
- 2 T-shirts
- A warm jumper
- Underwear for 2 days
- Nightwear
- Waterproof jacket

#### **PERSONAL KIT**

- Wash kit and a large towel
- Drinks bottle or flask
- Sun cream (weather dependent)
- Any medication

Please also remember to bring a **packed lunch for your first day**. All other meals to be provided by YHA Stratford

TRIP LEADER:	JRR
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# Sir Thomas Rich's School

## Consent - Higher Risk Off-site Visits

(inc. personal & medical information)

***The information being collected on this form is important to ensure that appropriate care and support is available for your child on school visits. We handle all data you provide to us in line with Data Protection Legislation and our own Data Protection Policy.***

**Year 7 Residential: Stratford-upon-Avon, September 2018**

- Description and date of visit:
- Name of participant: \_\_\_\_\_ Form: \_\_\_\_\_
- Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Pupil Mobile No. \_\_\_\_\_
- Name of Parent or Guardian: \_\_\_\_\_
- Contact Telephone Numbers:  
 Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 E-mail: \_\_\_\_\_
- Additional Emergency Contact:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone number(s) \_\_\_\_\_
- Can your child swim 50 metres? YES/NO
- Does he/she have any special dietary needs? YES/NO If yes, please provide details  
 \_\_\_\_\_
- Medical Information:
  - Is your child allergic to anything (e.g. antibiotics, elastoplast, aspirin, any particular food?  
 YES/NO If yes, please give details:  
 \_\_\_\_\_

B. Does he/she suffer from diabetes, migraine, epilepsy, bad period pains or any other illness or disability? YES/NO If yes, give details:

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C. If a residential visit, does your child have any night-time tendencies e.g. sleepwalking, nightmares, bed-wetting? YES/NO If yes, please give details

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D. Has your child had any recent significant illness or injuries? YES/NO If yes, give details:

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E. Has your child been in contact with any infectious or contagious illness in the last 4 weeks? YES/NO If yes, give details

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F. Is he/she receiving any medication at present? YES/NO If yes, give details and state any special precautions required or side effects.

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I wish a member of **staff/ my child\*** to administer the above medication. *Please delete as appropriate.*

#### Parental declaration and medical consent

- I agree to my child taking part in the visit.
- I understand that the visit staff will take all reasonable care of participants.
- I undertake to inform the visit leader of any changes in the medical or other circumstances of my child prior to the visit.
- **I give/ do not give\*** my consent for visit staff to provide treatment for minor ailments such as headaches, colds, rashes, sunburn with "off the shelf" products commonly available from chemists e.g. paracetamol, antiseptic cream, throat lozenges.
- **I give/ do not give\*** my consent to any emergency treatment deemed necessary and authorise the visit leader to sign on my behalf any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary and any delay in contacting me might, in the opinion of the doctor or surgeon concerned, endanger my child's health and safety. *\*please delete as appropriate*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**N.B. IF YOU WISH TO WITHHOLD YOUR CONSENT FOR ANY OF THE ACTIVITIES OR QUALIFY YOUR CONSENT FOR EMERGENCY TREATMENT PLEASE PROVIDE DETAILS BELOW:**

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**IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT [trips@strs.org.uk](mailto:trips@strs.org.uk).**