



21 January 2019

Gold and Silver Duke of Edinburgh Award 2019

Dear Parent / Carer

I just wanted to issue a reminder of the navigation exercise taking place this term.

Tomorrow, **Wednesday 23 January**, students will be taken by school minibus at 13:15 to known locations in the area (around Cranham) and asked, as part of a group, to navigate to another location (Sheepscombe for example) in order to practise their navigation skills in readiness for the expeditions.

Students will be collected by school minibus and returned to school for approximately 15:30. The students are aware of how to dress and what is needed.

The DofE school leaders remain in the area and School is aware of the group and their location.

If you are happy with these arrangements, then your consent is given via the Single Consent Form you completed at the start of your child's time at School. IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT trips@strs.org.uk.

Please find attached a consent form will also cover the orienteering, practice and assessed expeditions, a reminder of which is detailed below:

Tuesday, 28th May: Orienteering - navigation practice, camp craft, cooking and first aid scenarios

Monday 22nd – Thursday 25th July: Practice Expedition in Exmoor (Finishing Wednesday 24th July for Silver)

Friday 30st August – Tuesday 3rd September 2019: Assessed Expedition in Brecon Beacons - starts Friday 4.00pm with overnight at Bunk House (Finishing Monday 2nd September for Silver)

We will send you more detailed information nearer the time and request that this form is completed by 31.1.18. Thank you for your understanding.

Yours faithfully

Miss C E Rigby, DofE Manager cer@strs.org.uk

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

Founded in 1666 as a Bluecoat Hospital

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Sir Thomas Rich's School: Consent - 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.

Tuesday, 28th May: Orienteering - navigation practice, camp craft, cooking and first aid scenarios – Brecon Beacons TBC
Monday 22nd – Thursday 25th July: Practice Expedition in Exmoor (Finishing Wednesday 24th July for Silver)
Friday 30st August – Tuesday 3rd September: Assessed Expedition in Brecon Beacons - starts Friday 4.00pm (Finishing Monday 2nd September for Silver)

1. Description and date of visit:

2. Name of participant: _____ Form: _____

3. Address: _____

_____ Postcode: _____

Date of Birth: _____ Student Mobile No. _____

4. Name of Parent or Guardian: _____

5. Contact Telephone Numbers:

Day: _____ Evening: _____ Mobile: _____

E-mail: _____

6. Additional Emergency Contact:

Name: _____ Relationship: _____

Telephone number(s) _____

7. Can your child swim 50 metres? YES/NO

8. Does he/she have any special dietary needs? YES/NO If yes, please provide details

9. Medical Information:

A. 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:

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

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

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

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

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: _____
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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:

IF YOU WISH TO WITHDRAW YOUR CONSENT, PLEASE CONTACT trips@strs.org.uk.