



***Year 7 Residential, PGL Osmington Bay, Dorset  
Sunday 7<sup>th</sup> – Wednesday 10<sup>th</sup> July 2019***

Dear Parent / Carer

Following a successful first term for Year 7 at Sir Thomas Rich's School, I am planning to lead an outward-bound trip to PGL Osmington Bay centre for the year group. The aim of the trip will be to:

- **Further develop a sense of community and teamwork amongst our pupils.**
- **Increase self-motivation and confidence when faced with new challenges.**
- **Educate them with regards to their relationship with the environment.**

Pupils will also encounter the outstanding beauty of the UNESCO World Heritage Jurassic Coast.

The trip will commence on **Sunday 7<sup>th</sup> July 2019** and return on **Wednesday 10<sup>th</sup> July 2019**.

The trip features an action-packed itinerary of **adventure activities**. We have chosen to book with PGL because not only do they offer excellent value, but they also have a reassuring 60 years of experience organising trips for schools. Their extremely high standards mean that students will be in safe hands at all times. Visit PGL's website [www.pgl.co.uk](http://www.pgl.co.uk) to find out more about the company and the location we will be visiting. Similarly, having attended the same trip last year, I can vouch for what a great time the boys will have given the stimulating and fun activities on offer.

PGL accommodates a variety of medical and dietary needs and if you have any concerns in this area please do not hesitate to contact me at the school. At a later date, I will ask the boys to contribute to the choice of with whom they work and share accommodation.

In order for the trip to take place, it must be self-financing, and so we invite you to make a contribution of **£399.00\*** per pupil, which includes all necessary expenses (transport, full board accommodation and all the activities, both in the day and evening). To assist with the expense of the trip, contributions can be made in three instalments.

continued

<b>Monday</b>	<b>11<sup>th</sup> February</b>	<b>2019</b>	<b>-</b>	<b>£99.00</b>
<b>Friday</b>	<b>8<sup>th</sup> March</b>	<b>2019</b>	<b>-</b>	<b>£150.00</b>
<b>Friday</b>	<b>12<sup>th</sup> April</b>	<b>2019</b>	<b>-</b>	<b>£150.00</b>

Payment can be made online (Tucasi) or by cheque (**payable to Sir Thomas Rich's School**) or in cash.

Please complete the attached consent form and return it with the first instalment, which is a non-returnable deposit of **£99.00** by **Monday 11 February to the Finance Office\*\***.

Please note that, should any information requested (contact information, medical information, illnesses or injuries), on the consent form change in the time between completing the form and the trip, we would be grateful if you could let school know via [trips@strs.org.uk](mailto:trips@strs.org.uk). Thank you.

Before the trip, I will arrange a parents' meeting in the School Hall regarding the Osmington Bay residential, where specific details and itineraries for the trip will be given out. The date of the meeting will follow.

If you have any further questions please do not hesitate to contact me.

Yours faithfully



**William Marks, Assistant Head of Year 7**

**[wrm@strs.org.uk](mailto:wrm@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.*

*\*\* open to students at break times and lunch time only.*

**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

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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.*

1. Description and date of visit: YEAR 7 Residential: PGL Osmington Bay, Dorset– 7-10 July 2019
  
2. Name of participant: \_\_\_\_\_ Form: \_\_\_\_\_  
  
Date of Birth: \_\_\_\_\_ Student Mobile No.: \_\_\_\_\_
  
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***

### Payment

☐ I agree to the contribution deadlines and have paid the non-returnable deposit of **£99**

☐ I have paid online OR

☐ I enclose cash / cheque (**payable to Sir Thomas Rich's School with student's name and form on reverse of the cheque – place in an envelope and mark clearly with student's name, form and name of trip**)

**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:**

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

Thank you.