

23 October 2019

Year 7 Lakeside Residential
Monday 24th February to Friday 28th February 2019

Dear Parents / Carers

The next phase of our Year 7 transition programme is our outdoor adventure trip to the Lake District. The trip is based at **The YMCA Centre located in Lakeside** and overlooks the beautiful Lake Windermere.

The pupils will take part in a range of outdoor activities including rock climbing, canoeing and orienteering. The primary aim of the trip is to challenge the pupils outside the confines of the classroom and to allow friendships outside of the tutor group to form. **Final details of the itinerary and a detailed kit list will be given to students and parents in due course.**

The trip will take place immediately after the spring half-term holidays, 24th-28th February 2020. We plan to travel by coach, leaving school at 9am on Monday and returning by 10pm on Friday. Students should bring a packed lunch with them for the first day.

In order for the trip to take place, it must be self-financing, and so we invite you to make a contribution* of £360 to cover the costs of travel and admission. If your child is in receipt of the Pupil Premium grant, please contact rmd@strs.org.uk, as we may be able to offer support with the cost of this trip.

I would be grateful if you could return the consent slip to **Reception by Friday 10th January**, at the latest. 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, Lakeside residential.

Yours faithfully



Jenny Robinson
Head of Year 7
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.*

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

TRIP LEADER:	JRR
Return to School by:	10th January 2020



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.

Description and date of visit:

Year 7 Lakeside Residential 24-28th February 2020

1. Name of participant: _____ Form: _____

2. Address: _____

_____ Postcode: _____

Date of Birth: _____ Pupil Mobile No. _____

3. Name of Parent or Guardian: _____

4. Contact Telephone Numbers:

Day: _____ Evening: _____ Mobile: _____

E-mail: _____

5. Additional Emergency Contact:

Name: _____ Relationship: _____

Telephone number(s) _____

6. Is your child water confident? YES/NO Can your child swim 50 metres? YES/NO

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

8. 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.*

Payment

- ☐ I have paid £360 online (preferable) **OR**
☐ I include payment of **£360** * enclose cash / cheque (**payable to Sir Thomas Rich's School, with student's name on reverse of cheque**) **OR**
☐ My child is a recipient of the Pupil Premium grant

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:

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