

RIBCHESTER ST. WILFRID'S CHURCH OF ENGLAND PRIMARY SCHOOL
CHURCH STREET
RIBCHESTER
PR3 3XP
TEL NO: 01254 878300

Date: 24th May 2019

PROPOSED VISIT TO: Hothersall Lodge Outdoor Education Centre

Dear Parent/Carer

Ribble Class will be visiting Hothersall Lodge Outdoor Education Centre on **Tuesday 11th June 2019.**

The cost per child for this day is £28 of which school will subsidise £18 per child. Therefore we ask for a voluntary contribution of **£10.00**

The educational purpose and proposed activities of this visit are as follows:

A programme aimed at Years 3 and 4, and an opportunity for the children to undertake an exciting journey which involves meeting challenges, solving problems, working individually and as part of a team.

The activities will consist of:

- Archery
- Team challenges
- Orienteering
- Indoor Climbing Wall

Your child will need to be dropped off at Hothersall Lodge at **9:00am** for a **9:15am** prompt start. And will need to be picked up at **4:30pm.**

Pupils are requested to bring the following item:

- A packed lunch
- See kit list over the page

The following staff will be accompanying this visit:

- Mrs Dugdale
- Mr Stephens
- Mrs Gallagher

For emergencies during the visit please contact School on the following number: 01254 878300. If you have recently changed your land line/mobile telephone number, please inform the school immediately.

You will be aware that the school holds medical information on your child. Please contact the school prior to the visit if there has been any recent illness of which we should be aware.

Please note that this visit is covered by public liability insurance but there is no personal accident insurance for your child. If you feel that this is necessary, you will need to make separate arrangements.

You are reminded that the school has a code of conduct for behaviour contained in your copy of the school's Behaviour Management Policy.

Copies of written Risk Assessments for the activities are available on request from the school.

Please complete the attached permission slip and medical form for your child. The forms should be returned to school by **Friday 7th June 2019**

Non receipt of the form will mean that your child will not be able to participate on this Educational Visit.

Yours sincerely,

Mrs A Cottam
Headteacher

Hothersall Lodge Kit List

All the activities will be outside so students will need clothes suitable for the weather. Clothes will get dirty and wet.

- Long sleeved top.
- Old thick jumper or fleece
- Old tracksuit bottoms or similar (not jeans for comfort and safety reasons)
- Walking boots or Wellington Boots **and** 1 pair of shoes/trainers to change into
- Plastic bags for wet clothes
- Hat and gloves for cold weather
- Sun hat and sun cream for hot weather
- Warm socks
- Waterproof coat
- Small rucksack
- A packed lunch and water bottle.

PARENTAL/CARER PERMISSION

Name of child _____ Class _____

Hothersall Lodge Outdoor Education Centre**Date: Tuesday 11th June 2019.**

I permit/do not permit* my child to participate in the above educational visit.

(* delete as appropriate)

Enclosed is my voluntary contribution for this visit of _____

I confirm that I will provide to the school, prior to the visit, any updated medical information and changes to emergency contact numbers.

Parent/Carer Signature

Print Name:

Date:

I can be contacted on the following telephone number for the duration of the Educational Visit:

Please return this form to the school by: **Friday 7th June 2019.**

Any additional information that you wish the school to be aware of (eg recent illness, medical information, special requirements etc) should be stated here:

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PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM FOR TYPE B EDUCATIONAL/OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES

(This form is to be completed in full by the parent/carer and returned to
Ribchester St. Wilfrid's C of E Primary School)

1. DETAILS OF VISIT

Visit to: **Hothersall Lodge Outdoor Education Centre, Hothersall, Longridge, Lancs**

From: **9:00am 11th June 2019**

To: **4:30pm 11th June 2019**

Child's name: Date of Birth: Form/class:

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/organisation reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/centre with any medical information or changes to emergency contact details.

S/he is capable of swimming 25 metres unaided

Yes/No

2. EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) Work: (.....)

Mobile Telephone no:

Name & Address:

b) Please state an alternative contact point: - Telephone number: (.....)

Name & Address of Contact:

Child's Health Service details: - Medical card number:

Family doctor (Name, address and telephone number):

..... (.....)

3. MEDICAL INFORMATION

a) Does your child suffer from any of the following conditions?

Asthma	Yes/No	Bronchitis	Yes/No
Chest Problems	Yes/No	Diabetes	Yes/No
Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No		

If 'YES', to any of the above, please provide details:

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Epilepsy

Yes/No

If 'Yes',

a) What specific epilepsy syndrome has been diagnosed for your child?

b) What is the pattern of any seizure?

(Please cross out the 'Yes' or 'No' which does not apply)

b) Does your child suffer from any other condition requiring medical treatment, including medication?

Yes/No

If 'YES', please provide details:

c) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? Yes/No

If 'YES', please provide details:

d) Has your child been immunised against the following diseases?

Poliomyelitis	Yes/No	Tetanus (lock jaw)	Yes/No
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If 'YES', to tetanus, please give date if known

e) Is your child taking any form of medication on a regular basis?

Yes/No

If 'YES', please give full details, indicating the type of medication and dosage.

Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?

Yes/No

If 'YES', please give full details:

g) In the case of a residential course, does your child have any: (please give the details).

- Special Dietary needs?
- Any childcare needs?

h) Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect the full range of activities in this event:

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4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School/Centre.

5. DECLARATION BY PARENT/CARER

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- I consent to my child taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Centre prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/CENTRE.

Signature of Parent/Carer **Date**.....
(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carers in block letters:

Address:

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NOTE: THIS COMPLETED FORM TO BE RETURNED TO THE SCHOOL/CENTRE.

In the case of the applicant being 18 years of age and above, the following must be read and signed:

I declare the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.

Signed Date