

Ref: ABR/SJE/Tallington Lakes

26 September 2017

Dear Parent/Carer

RE: TALLINGTON LAKES TRIP - NOVEMBER 2017

I am delighted to inform you of an outward bound initiative that we are running at the City of Peterborough Academy.

We firmly believe that we should offer our youngsters exciting learning experiences out of the classroom. Consequently, it is my intention to take 90 pupils to Tallington Lakes on either Tuesday 15 or Wednesday 16 November 2017.

If pupils do participate in this event they will experience orienteering, skiing and tobogganing. All pupils will be expected to bring a packed lunch from home in order to keep the cost down. If your child is entitled to a free school meal, we will ensure that a packed lunch is provided. However, you may still wish to add additional fluids and snacks for the day.

The price of the trip is being subsidised so will be just £25.00 per pupil.

The trip will be non-uniform, wearing sensible clothing and footwear for a day outdoors. It is also recommended that pupils bring a suitable waterproof/coat in case of inclement weather. I would recommend a spare set of clothes is packed, in case a change of clothing is required.

It is essential that we are informed of any medical conditions that your child has and specifically any condition that may preclude your child from taking part in any of the activities. Please can you detail any information that you would like us to know on the attached Medical Form. If we do not receive any information we will assume there are no medical details we need to be aware of.

Please could I also ask for you to detail an emergency contact number where, if needed, we can contact you throughout the day. Please can you provide this number, even if it is the same as we already hold on our school records.

We will be leaving the Academy at 9:30am and travelling to Tallington Lakes and aim to be back at the Academy by approximately 3:30pm. A letter confirming which day your child will be going on will be sent out closer to the trip date.

It is hoped that pupils will attend this highly valuable day in order to put into practice their leadership and team-building skills currently being taught through our PE curriculum.

The Principal reserves the right to remove any pupil from the trip who cannot uphold our high standards of dress and behaviour prior to the event taking place.

Please complete the slip below and return to the Finance Office via Main Reception with your £10 non-refundable deposit in a sealed envelope, clearly stating your child's name and 'Tallington Lakes' trip by Friday 20 October 2017. If you wish to pay the remainder of the balance in instalments this can be arranged at Pupil Reception where a payment card can be provided. Full payment will need to be received by Monday 30 October 2017.

Yours sincerely

Mrs Brown
Head of Year 7

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TALLINGTON LAKES TRIP – 15 or 16 NOVEMBER 2017

Please return the following to the Finance Office via Main Reception by Friday 20 October 2017

- A non-refundable deposit of **£10.00 in a sealed envelope**, clearly stating your name and 'Tallington Lakes' trip.
- Medical Consent form

Pupil Name: Form:

15 or 16 November 2017.

By signing below, you agree to pay the balance of £15 by Monday 30 October 2017.

Parent/Carer signature:Date:.....

**PARENTAL CONSENT FORM FOR OFFSITE ACTIVITY
NON-RESIDENTIAL**

Visit to:

Date and times:

I consent to: (full name)

taking part in this trip and have read the **accompanying letter**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?
Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes No

Is your son/daughter allergic to any medication? eg penicillin

Yes No

If yes please give details:

Please outline any dietary needs or food allergies:

I will inform the Group Leader, Head of Year or Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Please turn over.....



'Be Inspired'

Part of the Greenwood Dale Foundation Trust Group of Academies

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Address:

Alternative Emergency contact:

Name:

Relationship

Day: Evening: Mobile:

Address:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I agree to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed: (Parent/Guardian)

Print Name: Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form
2. The Emergency Contact Form
3. The Risk Assessment Form
4. The Evaluation Form