



CITY OF PETERBOROUGH ACADEMY


Principal: Mrs A Emmerson
PA to the Principal: Miss H Best

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 @CityofPeterAcad

Ref: DTH/HBE/ GCSE Fieldwork letter

28 September 2017

Dear Parent/Carer

RE: GCSE FIELDWORK – OCTOBER 2017

I am writing to inform you of upcoming GCSE Geography fieldwork trip to Skegness. This satisfies the fieldwork and data collection part of the GCSE course and is therefore mandatory. As such, there is no per pupil cost.

The trip will consist of primary data collection along the beach at Skegness, between the pier and Gibraltar Point, as well as the recording of building use between the beach and Skegness Academy, where data will be collated before returning to school by approximately 5pm. As pupils will be arriving back at school after lessons have finished, you will need to make appropriate arrangements to collect your child from the Academy.

Pupils will need to ensure that they are dressed appropriately for the weather, which can be very changeable on the east coast. This will need to include warm clothes, sturdy footwear, and a waterproof jacket or coat, as they will be outside for the majority of the day. Lunch will be provided for those pupils on free school meals; others will need to bring a packed lunch with them.

It is essential that we are informed of any medical conditions your child has. 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 that there are no medical details we need to be aware of.

Please could I 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 the school records.

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 attached slip and return it to **main reception** at the Academy in a sealed envelope, clearly stating your child's name and 'GCSE Fieldwork' which will need to be received by 6 October 2017.

Yours sincerely

Mr D Thayer
Head of Humanities



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Group of Academies*

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For the attention of Main Reception

Please return the following to main reception by Friday 6 October 2017.

Completed Medical Consent form

Pupil Name: _____ Form: _____

I give permission for my child to attend the GCSE Geography Fieldwork Trip.

Parent/Carer signature: _____ Date: _____



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PARENTAL CONSENT FORM FOR OFFSITE ACTIVITY
NON-RESIDENTIAL

Visit to:

Skegness Beach

Date and times:

18 October

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'



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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



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