

St Mary's Catholic High School, Leyland

Royal Avenue, Leyland, PR25 1BS

Headteacher: Mr P. Thompson

Telephone: 01772 421909

Email: head@ismchs.com

www.ismchs.com



Dear Parent / Carer,

The GCSE Geography visit to the Lake District **Friday, 31st March – Sunday, 2nd April 2023** is quickly approaching and I would like to take this opportunity to invite you to attend a parents' meeting to outline the plan for the visit as well as to provide you with the opportunity to ask any questions. This will take place in school at the on **Wednesday, 1st March at 6:00pm**.

Please find below the draft timetable for the GCSE Geography Visit:

<u>Friday, 31st March 2023</u>	<u>Saturday, 1st April 2023</u>	<u>Sunday, 2nd April 2023</u>
3.15pm: Leave St Mary's High School.	9:00am: Breakfast	9.00am Breakfast
5.00pm: Arrive at Ambleside YHA	9:30am-12:30pm: Geographical Walk	9.30am: Leave Ambleside YHA
5.30pm: Evening Meal	12:00pm: Lunch	11:00am-12:30pm: Orienteering Activity at Brockholes
6:30pm: Pre-Release Preparation	12:45pm-3.30pm: Fieldwork Activity	1:00pm: Lunch
	4.00/5.00pm: Evening Meal	1:30pm: Leave Brockholes
	6.00pm: Pre-Release Preparation	3.00pm: Arrive Back at St Mary's High School.
	7.30pm: Quiz	

In the meantime, I have enclosed a small *what to* pack list for you to consider. The weather in the Lake District is unpredictable but I expect it to be cold and wet as is usual for this time of year. That will not stop us geographer's though as there is no such thing as bad weather, just poor planning of clothing! Therefore, we must plan for all eventualities.

Copies of written risk Assessments for the activities are available on request from the visit leader.

For the visit and the journey to be a valid and safe educational experience, sensible active involvement is required from all participating children. To ensure that the maximum value is gained the school has particular requirements regarding conduct and behaviour. Your acknowledgement of this is essential. If you require any further details, please do not hesitate to contact the visit leader.

The visit/activity has been planned in such a way that, at certain times, there may be an element of 'remote supervision' employed as a group management technique by accompanying staff and helpers. This is recognised good practice and while the staff helpers will not be directly or closely supervising the children they will be positioned in such a way that they will be able to offer 'timely' assistance as required.

It is important that parents/carers contact the school prior to the visit if there has been any recent illness of which the visit leader should be aware. Furthermore, could parents/carers please complete the medical consent form attached.

Please note that this visit is covered by Lancashire County Council 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.

In the light of unacceptable behaviour, the school reserves the right to cancel a student's place on the trip or return the student home.

If I can help in any way with this or any other aspect of this visit please do not hesitate to contact me on the details above or email me at m.weaver@lsmchs.com

Yours sincerely

Name

Mr. Weaver
Trip Leader

Clothing Requirements:

- Underwear
- 2pairs walking socks
- 1 pair 'normal' socks
- 1 thick jumper or fleece
- 1 long sleeved t-shirt/ shirt
- 1 pair walking trousers/leggings
- 1 pair tracksuit bottoms or leggings (ok for in the hostel)
- Walking boots (must be boots not trainers or shoes if you are not sure check with Geography staff before buying)
- Indoor shoes
- Waterproof jacket (not just shower proof)
- Waterproof bottoms (not just shower proof)
- Hat
- Gloves
- Scarf
- 1 towel
- PJs (long legged and sleeved)
- Lipsalve (even boys)
- Water bottle
- Toiletries
- Money
- Personal medication (put in sealed envelope with the instructions written on it & given to staff member).
- Snacks

*no revealing clothing, football tops, baseball caps or offensive logos.

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/carers and returned to the School)

1. Details of Visit

Visit to: _____
 Alternative Activity (Plan B) _____
 From: _____ (date/time) To: _____ (date/time)
 Child's Name: _____ D.O.B: _____ Form: _____

I agree to my child taking part in the above stated visit/activity and having read the information sheet, agree to their participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on their part and that the school/service reserves the right to prevent my child taking part in 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 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 Inc _____ Work Inc SDT: _____ Mobile _____
 SDT: _____ No: _____
 Name: _____
 Address: _____

b) Please state an alternative contact point:

Name: _____
 Address: _____ Tel No: _____

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

Family Doctor _____ Tel No: _____
 Address: _____

3. Medical Information

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

Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Bronchitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Chest Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fainting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Migraine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart Trouble	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Raised Blood Pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tuberculosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If 'Yes', to any of the above, please provide details: <div style="border: 1px solid black; width: 300px; height: 30px; display: inline-block;"></div>				

Epilepsy Yes No

If 'Yes'

a) What specific epilepsy syndrome has been diagnosed for your child? _____
 b) What is the pattern of any seizure? _____

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) If yes to tetanus, please

Yes

No

give dates in 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).**

Yes

No

If Yes, please give full details: _____

h) **Special Dietary needs?**

Yes

No

If Yes, please provide full details _____

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:

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/Service.

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 visit and the insurance arrangements.
- I consent to my child taking part in the visit and activities, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned, subject to any agreed adjustments.
- I have noted where and when the children 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/Service prior to the visit.
- I agree for the information to be shared with the third party provider. (New)

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.

Print Name: _____

Signature: _____

(N.B. Parental/Carer consent required for children aged 17 and under)

Date: _____

Note: This completed form to be returned to St Mary's Catholic High School