

St Mary's Catholic High School, Leyland

Royal Avenue, Leyland, PR25 1BS

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July 2023

Dear Parent/Carer,

PROPOSED VISIT TO the Lake District National Park

It is proposed that Year 11 Geographers will be visiting Ambleside within the Lake District National Park between Friday 17th November to Sunday 19th November 2023.

The voluntary contribution for this visit will be £ 170.00 which includes the cost of accommodation, trip hoodies, food, travel, and a small contingency for emergencies, plus any administration fees. We would need a non-refundable deposit of £40 (payable by Scopay) before **Friday, 21st July 9am** to secure your child's place.

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

- a) Study the content for paper one - UK Landscapes specifically rivers.
- b) Revision for their November/December mock examination series.
- c) Carry out fieldwork enquires to support paper three – Geographical Applications.

The group will be leaving school at 3:30pm on Friday 17th November and will return at approximately 4pm Sunday 19th November 2023.

The transport arrangements are to use a local coach company and the school Minibus to enable us to access all the relevant sites needed. There will be an additional letter to follow, along with a parental meeting to discuss the trip in further detail.

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.

Copies of written Risk Assessments for the activities (including Plan B) are available on request from the school.

If you wish your child to take part in this visit, please complete the attached permission slip and medical form. The form and non- refundable deposit of £40.00 (payable by Scopay) by **Friday, 21st July 2023**.

Pupils eligible for Pupil Premium may contact the Visit Leader to request assistance with payment. All contributions and forms should be returned to school by deadline for reply slips. Non-receipt of the form and the voluntary contribution will mean that your child will not be able to participate on this Educational/Off Site Visit.

If you have any questions, please do not hesitate to contact via email at m.weaver@lsmchs.com

Yours sincerely,

M Weaver
(Curriculum Leader for Humanities)

PLEASE RETURN TO THE SCHOOL OFFICE
Geography Lake District Field Study
FAO M Weaver

Child's Name Form

I give permission for my child to take part in the above visit and include the voluntary contribution of
£ _____

Payment has been made via the SCO pay at <https://www.scopay.com/login.html>

(Please ✓ as appropriate)

I confirm that there are no changes in medical information

You are reminded that the school has a code of conduct for the use of mobile phones and that you signed a 'Use of Mobile Devices Agreement'. Use of mobile devices on Educational Visits is prohibited and pupils will receive sanctions if they are seen with a mobile device. Upon request, this agreement can be sent to you in order that you are aware of the expectations.

Parent/Carer Signature

Printed Name: Date:

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
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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: _____ Tel No: _____
 Address: _____

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:				

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
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 Tetanus (lock jaw) If yes to tetanus, please

Yes	No
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 give dates in known
- e) Is your child taking any form of medication on a regular basis?

Yes	No
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 If 'Yes', please give full details, indicating the type of medication and dosage

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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