



# Ashley Junior School

Aspiration • Resilience • Respect • Responsibility

17<sup>th</sup> January 2019

Dear Parent/Carer

## Osmington Bay Monday 4<sup>th</sup> March – Friday 8<sup>th</sup> March 2019

As it is only eight weeks until Year 5 departs for Osmington Bay we would like to share with you the kit list & educational visit consent/medical form.

Children will be expected to be in school in their own clothes on Monday 4<sup>th</sup> March at 9:00am. We will take normal registration and will remain in school for the morning. We will then have lunch at 12:45pm and take afternoon registration before departing. We ask that children do not bring snacks for the journey. We will be back at school on Friday 8<sup>th</sup> March by 3:30pm.

The kit list can be found attached to this letter.

Please pack extra jumpers and socks, as at this time of year it may be quite windy. Please note that bedding is not required as this is supplied by PGL.

There is a small gift shop on site and your child is welcome to bring £5 in pocket money that they can spend on gifts for family or small souvenirs. Please ensure that this £5 is in a named purse/wallet. Do not give your child more than £5 as they will not need it.

Please remember that your child will not be allowed to bring any of the following:

- Mobile phone
- Camera
- Electronic equipment – including computers, handheld games, iPods etc.
- Sweets and fizzy drinks

An activity programme will be given to our team on the day of arrival.

Please complete the educational consent/medical form and return to the school no later than **Monday 11<sup>th</sup> February**.

If you would like your child to send you a letter whilst they are away please include a stamped, self-addressed envelope in their luggage.

If you have any further queries please do not hesitate to ask the class teacher or the School Office.

Yours faithfully

**Year 5 Team**

<tp/parentletter2018-2019/residentialyr5>



## Kit list for UK Adventure

### Clothing

Take plenty of clothing in case of wet weather. Clothing should be old.

- Nightwear
- Underwear
- Socks, including over ankle length (extra pairs)
- 3 / 4 fleeces / Sweatshirts
- 3 T-shirts
- 1 Long sleeved T-shirt
- 3 pairs of old trousers (not jeans) 2 for activities, one for evening
- 2 pairs of shorts
- Waterproof jacket
- Baseball cap / Hat
- Swimwear
- 1 set of Disco Clothes
- 2 pairs of trainers (an old pair for wet activities)
- 1 pair of shoes or trainers for indoors

### Other Essentials

- Wash bag (soap & toothbrush etc.)
- 2 Large towels
- Plastic bottle for drinks
- Lipsalve / vaseline
- Pen & paper
- Small Bag/Rucksack
- Labelled plastic bags / bin liners (for wet items)
- Teddy bear / cuddly toy

### Optional

- Top trumps / pack of cards
- Reading book
- Small game / drawing paper and crayons

Please note: Bedding will be provided  
Medicines must be handed to a member of staff on Monday morning with your child's name full details.  
No mobile phones, cameras or electronic toys and food.



## Medical and Consent Form

Name of Establishment **ASHLEY JUNIOR SCHOOL**

Activity **Residential Trip**

Venue **PGL Osmington Bay** Date **Monday 4<sup>th</sup> – Friday 8<sup>th</sup> March**

### Personal Details of Participant

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Mobile(if applicable) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male / Female (delete as appropriate)

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Next of Kin – name and address during the activity (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

### Medical Information

Name and address of participant's Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ NHS Number (if known): \_\_\_\_\_

### Has the participant had or have any of the following? *Where 'YES', please give specific details overleaf.*

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness or sleepwalking	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

### Is the participant receiving -

Support and/or treatment for mental health from their counsellor or Doctor? Yes No

Medical or surgical treatment of any kind from their Doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

*If the answer to any of these questions is Yes, please give details overleaf (including name and dosage of any medicines/tablets)*

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

### Consent for the Visit

I confirm that I have parental responsibility for \_\_\_\_\_

He/she is in good health and I consent to him/her taking part in **ALL** activities set out in the visit information.

*(Any variation to this should be noted overleaf).*

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader.

\_\_\_\_\_ Print name here: \_\_\_\_\_

Signed by person with parental responsibility for participants under 18 years of age.

\_\_\_\_\_ Print name here: \_\_\_\_\_

Signed by participant if aged 18yrs and over. Date: \_\_\_\_\_





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### Consent for programmed water sports and water related activities

(eg: kayak, canoe, sail, windsurf, rafting, etc.; or activities involving water eg: caving, gorge walking)

Please tick **ONE** of the boxes below as appropriate to confirm the water capability of your child.

Ticking A, B, C or D below **confirms your consent** to your child undertaking water activities within the programme provided. This information will be passed to the Provider by the school / college / establishment to allow appropriate adjustments or operating procedures for inclusive participation<sup>1</sup>.

**If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space below.**

A) I confirm my child can swim 50m and is water confident

C) I confirm my child is water confident and can swim, but I'm not sure how far. They have been in a pool or other water and can submerge their head without becoming distressed

B) I confirm my child can swim 25m and is water confident

D) I confirm my child is a non swimmer, and/or may not be confident in the water.

<sup>1</sup> As set out in HCC Registration information to providers.

### Additional Consent, Medical or Special Needs Information

(Add additional sheets if required)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Image Consent - Note to visit leaders - Consent must be obtained if you intend to use images of identifiable young people and adults.

Schools should already have Image Consent in place as part of their enrolment procedures.

All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpage-

<http://intranet.hants.gov.uk/corporatecommunications/brand/cc-imagesofpeople/cc-images-consentforms.htm>

### GDPR Statement

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.

This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe.

This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.

You have some legal rights in respect of the personal information we collect from you.

Please see our website Data Protection page for further details: [www.hants.gov.uk/dataprotection](http://www.hants.gov.uk/dataprotection)

