

10th September 2018

Dear Parent/Carer

Re: Year 7 Team Building at Vivary Park

On Thursday 20th September, we are running a trip for Year 7 to visit Vivary Park, Taunton to take part in team building and high rope activities.

We will leave School at 9 am travelling by coach and mini bus and arrive back in school at 3 pm.

All users need to:

- **Remove all Jewellery – Rings, Watches, Bracelets, Necklaces and piercings (small studs are ok)**
- **Wear appropriate footwear – Must be closed toed and covering the instep, Laced or Velcro. (We cannot accept: Flip flops, cros, sandals, slip on shoes, wellies, ugg boots etc.)**
- **Wear appropriate clothing – No skirts/dresses. Shorts must be long enough to prevent harness rub. Tops should cover the shoulders.**
- **Tie up long hair in a low pony tail so that it doesn't interfere with the helmet.**
- **Empty all pockets prior to kit up**
- **Be 19 stone (120kg) or under.**
- **Be over 20kg to use the Power Fan but under 120 kg.**
- **Children Under the age of 12 must have a parent/guardian on site.(supervised by school staff)**
- **Children aged 5-8 must be accompanied by a parent/guardian if using the higher course.**
- **Inform staff of any medical conditions that may affect your ability to complete the course.**
- **Be patient if other users are nervous, your support for others is encouraged.**

If you cannot comply with the above then you will not be able to use the facility at this time.

The total cost for the activity is £20.00, students who are entitled to pupil premium cost is £10.00. They will require a packed lunch and drink, Free School Meals will be provided by the school. Photographs will be taken during the activity for the school website, newsletter and displays, if you do not wish your child to be photographed for this activity please contact the school and let us know.

If you have any queries about the trip, please do not hesitate to contact us at the school.

Yours sincerely

T Whittaker & C Kendall.
Pastoral Leaders

ST DUNSTAN'S SCHOOL

Educational Visit to: Vivary Park, High Ropes

Date: Thursday 20 September 2018

Name of student: _____ **Tutor Group:** _____

PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT

This two-page form should be read with the accompanying information/letter about the visit. All sections must be completed. Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.

DECLARATION

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to follow all directions and instructions given and observe all rules and regulations Governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/establishment if I require further details.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

Having been informed through the details supplied. I consent to my son/daughter taking part in this activity/trip/visit and, This includes consent for him/her to take part in any or all of the activities described.

Third Part Data Sharing

As this is an off-site activity, there may be a need for us to pass certain data to a third party for example the emergency services in the event of incident requiring these services. The information to be disclosed could include: Name of child, Date of birth, any medical information and other special needs and parental contact information. We also have a legal obligation to enter all details onto a risk management system run by the Local Authority called Evolve. The data on Evolve will be retained in line with Government Legislation.

Under the General Data Protection Regulations you have the right to object for this information to be passed onto these external bodies, however if you decide not to give permission, it may not be possible for your child to undertake the activity.

I give permission for this data to be shared as outlined above

I do not give my permission for my data to be shared as outlined above and understand my child will not be able to undertake the activity.

Full name of parent or carer (print please): _____

Signed: _____ Date: _____

MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the Visit Leader or your child's Head Teacher/Senior Manager prior to the departure date.

EMERGENCY CONTACT

Name of Parent/Guardian: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Telephone: _____ Mobile: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned visit.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the child's Headteacher/Senior Manager.
7. Data Protection. The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.

I confirm that I will pay the total cost of £20.00 via parent pay/we are entitled to pupil premium and will pay the total cost of £10.00.