Walford Primary School
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Wednesday, 01 May 2019

Dear Parents/Carers

Tipi Adventure – Year 3 / Year 4

We are pleased to inform you that pupils in Year 3 and 4 have the opportunity to enjoy an exciting 'Tipi Adventure' overnight stay in Pencraig, Herefordshire. The coach will leave Walford Primary at **1.00pm on Wednesday, 19th June** and will return to school at **midday on Thursday, 20th June.**

The children will enjoy an afternoon of activities, a Domino's pizza tea, an overnight stay in Tipi accommodation (accompanied by staff) and an early morning breakfast on sight. School uniform will not be required on Wednesday or Thursday but the children will need to bring the following items with them:

- Sleeping bag and pillow
- Several changes of warm clothing including, a fleece or warm hooded top, waterproof coat and a spare pair of trainers/shoes
- Warm night clothes
- Wash kit including flannel and soap for face washing
- Torch

We ask that children **do not bring** mobile phones, ipods or electronic games, as these may well be lost during their stay.

Parents/carers are invited to attend an informal meeting on **Thursday, 6th June at 4.15pm** in order to discuss arrangements for this visit. Parents/carers can either order a hot school meal for their child on their return to school on Thursday 20th June, or alternatively, a packed lunch can be delivered to school for them in the morning.

The cost to parents will be **£20.00** per child. Payments can be made via ParentPay, cash or cheque. Cheques should be made payable to… **Herefordshire Council.**

If you wish your child to take part in this adventure, please complete the attached form with payment and return by **Wednesday, 5th June**. Please note that your child will not be taking part in any swimming or canoeing activity, however, the swimming ability information is required as the activity is based close to water.

Yours sincerely

L George

Ms L George
Headteacher

CONSENT / MEDICAL INFORMATION / EMERGENCY CONTACT SHEET

I agree to my child taking part in the overnight 'Tipi Adventure' stay in Pencraig on Wednesday, 19th June – Thursday, 20th June 2019 and also authorise the giving of Calpol and administering of anti-histamine treatments if necessary.

Name of Child . . . . . .

Address . . . . . .

. . . . . .

. . . . . .

In an emergency <u>during this time</u>, please contact:

Name. . . . . . **.Daytime Tel:** . . . . . .

Name. . . . . . **.Evening Tel:** . . . . . .

Name. . . . . . **.Daytime Tel:** . . . . . .

Name. . . . . . **.Evening Tel:** . . . . . .

Medical Statement

I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendations of a qualified medical practitioner.

Signed . . . . . .

Date . . . . . .

NOTES

1. Pupils are not insured by the Education Authority against personal accidents. Personal accident insurance can be arranged privately for children taking part in educational visits. Policies exist which cover personal accident, loss of personal effects, medical expenses, and the cost to parents of visiting a child who may be detained in hospital away from home.

2. The County Council accepts no responsibility for accidents or injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the County Council or any member of its staff.

3. Parents are advised, wherever possible, to give the school a telephone number at which they can be contacted in case of emergency, in particular when urgent medical treatment may be necessary.

4. Following DfE regulations, parents are requested to sign the Medical Statement, above. Failure to do so will result in the school refusing to allow the respective child to participate in the activity.

5. I hereby give permission for my child to participate in the activities described. I believe that the information I have provided is correct and will notify the course organizer of any changes as soon as possible. I understand the extent and limitations of the insurance cover provided.

SWIMMING ABILITY

My child: *(please delete as appropriate)*

Can swim 50 metres or more / cannot swim 50 metres but is water confident / is a non swimmer

DIETARY REQUIREMENTS (ie allergies etc, <u>not</u> preferences) . . . . . .

. . . . . .

. . . . . .

MEDICAL DETAILS . . . . . .

. . . . . .

. . . . . .

. . . . . .

Name of Doctor . . . . . .

Address. . . . . .

. . . . . **Tel** : . . . . . .

Medication required and dosage information eg 1 tablet to be taken on an empty stomach etc.
<u>Please state clearly</u>

. . . . . .

. . . . . .

. . . . . .

(Include any travel sickness instructions)

<u>Permission</u>

I give my permission for the group leader accompanying the trip to administer the dosage of medication, as stated above, to my child

Signed . . . . . .Date . . . . . .

Name (please print). . . . . .

General Data Protection Regulation 2018: If you consent to your child taking part, you are entitled to withdraw your consent at any time. Should you wish to do so, please contact the school office so we can update our records accordingly.

IF ANY OF THE ABOVE DETAILS CHANGE PRIOR TO THE VISIT, PLEASE NOTIFY THE SCHOOL **IN WRITING.**