

November 2016

Dear Parent/Carer

### **Year 11 & 12 Public Services – Outdoor Activities**

As part of the continued development of essential skills in public services, students will be participating in a kayaking trip to Nottingham on either Wednesday 9 November 2016 or Thursday 10 November 2016. Year 11 students who normally have public services on Wednesdays will be going kayaking on the Wednesday. This group will be leaving school at break time (11.05am) prompt and will return at approximately 2.35pm. Year 11 students who normally have public services on Thursdays will go on the Thursday. Year 12 students will also go on the Thursday. This group will leave school at 9.00am and return at 12.55pm.

Students should bring a packed lunch. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content in them, as even the smell can cause these students anxiety.** If your child is entitled to free school meals and requires a packed lunch on the day, please tick the relevant box on the attached form.

The session will be led by Mr Blatchly, a Level 3 Kayak Coach. Equipment is provided by Nottingham Kayak Club and includes kayak, paddle and buoyancy aid. There is no requirement for students to deliberately capsize the kayak, however, they will get wet through splash from paddles and we may play a few games that might result in a swim if they wish! We strongly recommend the following personal clothing.

- Travel - non uniform casual clothes. Students must bring their full school uniform to change into.
- Kayak - shorts or swimming shorts or tracksuit trousers, thermal top or tee shirt, lightweight waterproof jacket (if wet or cold). Trainers or wet shoes that you do NOT mind getting wet with River Trent water
- Towel (showers are available)

Please complete, sign and return the attached Parental Consent Form to Student Reception as soon as possible.

This activity is an essential part of the assessment for the course so no charge is made to parents.

Please do not hesitate to contact me with any questions or queries.

Yours sincerely

**Mrs M Watson**  
Course Leader

**HEANOR GATE SCIENCE COLLEGE  
TRIP CONSENT, CONTACT  
AND MEDICAL FORM**



Please complete and return to Student Reception

**PLEASE COMPLETE ALL SECTIONS**

Student's name				RG	
Trip / Visit to	Years 11 & 12 Public Services Kayaking trip, Nottingham				
Cost	£ free				
Date(s) From	Wednesday 9 November 2016/Thursday 10 November 2016	Teacher in charge	Mrs M Watson		
Times	Wednesday – 11.05am-2.35pm Thursday - 9.00am-12.55pm	My child is entitled to free school meals and I would like to request a packed lunch			

*Please mark with ✓ if appropriate :*

**Student Contact Details**

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Email			

<b>Alternative contact</b>	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

**Medical Information**

Name of doctor		Tel no	
Address of surgery			

*Please mark with X if appropriate :*

My child does <b>not</b> suffer from any medical condition requiring regular treatment.	
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

*Please delete as appropriate*

I would like to discuss my child's medical condition with trip leader	YES NO
My child has an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

**Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.**

**Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.**

I give authorisation for my child to keep an inhaler with them and use it as required <i>(Please delete as applicable)</i>	YES NO
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### **Dietary Information**

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details)</i>	YES NO

### **Additional Information**

Please include any additional information as required

<b>Photography/Video</b> - Please tick the box if you <b>DO NOT</b> give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	
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### **Declaration by Parent/Carer (or student if over 18)**

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			