

Our Ref: CJ/JP  
September 2011

Dear Parents, Guardians and Carers

**Year 7 Eaton Vale – 27, 28 and 29 September 2011**

As you know, Y7 students are going to Eaton Vale Scout & Guide Activity Centre for the day with their Form Group. The dates are set out below. They should arrive at school at normal time and will leave after am registration to be taken by coach to Eaton Vale for a very active day. The coaches will be picking the students up from Eaton Vale at 4:15 pm and we hope to arrive back at school by 4:45 pm. Please could you arrange to pick them up from school.

A packed lunch is required. Students who receive Free School Meals tokens will be given a packed lunch. Forms will be going on the following days:

<b>Date</b>	<b>Form Groups</b>
Tuesday 27 September	Mrs Leavold, Mrs Tate, Mr Allerhand
Wednesday 28 September	Miss Lunn, Miss Leeds, Mr Marrison, Mr McIntosh
Thursday 29 September	Mr Nicklin, Miss Byles, Miss Hurren

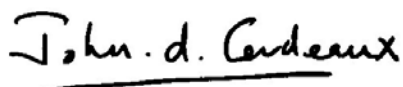
Please find below a suggested list of clothing:

- **Shoes appropriate to an activity centre**, i.e. no crocks or canvas type shoes
- A **complete** change of clothing (no denim)
- Extra pair of trainers required for use on the climbing wall
- A towel so they can shower
- Hat/cap in case of sunny weather
- Black bin liner to put their clothes in!
- Waterproof (just in case – it is the British Summer!)
- **NO JEWELLERY** please as it can easily get lost on site
- **DO NOT BRING:** any radios, cd players, mp3s or mobile phones
- Please do not bring any money

Please could you complete and return the attached **Parental Consent Form** and, if appropriate, **outstanding payment** by **Friday 16 September**. Further information and copies of the Parental Consent Form can be obtained by contacting the school office or please visit our school website [www.sprowstonhigh.org](http://www.sprowstonhigh.org)

Those students who have decided NOT to go to Eaton Vale still need to attend school, in uniform, on the day their form is going to Eaton Vale.

Yours faithfully



Mr J Cordeaux  
**Head of Year 7**

**Personal information and Parental Consent Form - Category B Visits**  
**CONFIDENTIAL**

**To be completed by the Visit Leader:**

Please return to : Ms Stearman, Student Liaison Officer

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: Y7 Visit to **Eaton Vale Activity Centre**

Day & date of departure: 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> September 2011

Day & date of return: 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> September 2011

List of activities to be undertaken: Various

Method of travel: Norfolk County Council Buses (seat belts fitted as standard)

**To be completed by Parent/Guardian (please use block capitals)**

Young person's full name: \_\_\_\_\_ **Form Group 7** \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Main telephone no : \_\_\_\_\_

Name of parent(s)/guardian(s):

(i) \_\_\_\_\_ Relationship: \_\_\_\_\_

(ii) \_\_\_\_\_ Relationship: \_\_\_\_\_

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) \_\_\_\_\_

\_\_\_\_\_ Tel. no. \_\_\_\_\_

(ii) \_\_\_\_\_

\_\_\_\_\_ Tel. no. \_\_\_\_\_

Doctor's name : \_\_\_\_\_

Doctor's Tel. no: \_\_\_\_\_ National Health No.(if known): \_\_\_\_\_

Date of last known tetanus injection (if known):

Please give details of any recent illnesses:
Please give name and dosage of any medications currently being taken:
Please tell us about any allergies, e.g., medicines, food, bee stings, etc.
Please tell us about any food not eaten for religious or health reasons:
<b>Please supply a Free School Meals Packed Lunch Yes/No (Please delete)</b>
Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.
<p>I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.</p> <p>I understand that the staff responsible for the activities will take all reasonable care of participants.</p> <p>I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only). * please delete as appropriate</p> <p>I agree to my child/ward 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.</p> <p>I understand the extent and limitations of the insurance cover provided.</p> <p>Signature of Parent / Guardian: _____ (if participant is under 18)</p> <p>Signature of Participant:: _____</p> <p>Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.</p>

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

**Copies must be carried securely by the Visit Leader or group supervisor.**