

This sample letter is for guidance only, as a prompt – please edit carefully and check that your activities and requirements are reflected as they may be different to other schools

Trip to Peak District Initial Letter

Dear Parent / Guardian,

Year ** Activity Camp 20*

We are in the process of organising a five day outdoor activity camp for Year ** students in (*month*) of next year and your son / daughter has expressed an interest in participating on the course. The camp will involve a full programme including (*****list activities*****) and evening activities.

The camp is a part of the school's ongoing Outdoor Education programme and will provide an opportunity to extend the range and level of activities that students participate in as part of the programme. Dates: Students will leave after school on ***** returning at approximately ***p.m. to the School on *****.

The Group:

There are places available for ***(number)* students, and it is anticipated that the group will be this size overall – **** members of school staff will be participating. Students will be supervised by school staff; there may be times when students are supervised by instructional staff. There will be short periods where students are more loosely supervised such as on a brief village visit or motorway service stop. School staff attending are *****

Location:

The camp is to be held at ***** , which is a fully equipped campsite/centre with hot showers and other facilities. Tents/rooms are for 5-6 students.

Instruction:

During the camp this is provided by the Trekking Company (more information at www.trekco.com). This is a well established company and you can be confident that the instruction is of the highest standard; we have been organising trips with the company for ** years now and have found them to be excellent. The company is fully licensed under the Young Persons' Safety Act for outdoor activity providers. All instructors are fully qualified in the activity which they are directly supervising and the school holds full details of these qualifications as well as having organised camps with the company for a number of years. The company is licensed under the Outdoor Adventure (Young Persons' Safety) Act, registered number R0043, details at www.aala.org.uk and the company is responsible for organising, running and managing the safety of all instructed activities.

Transport

This is by coach/minibus. All coaches/minibuses have forward facing seats and seatbelts.
Cost : The cost of the camp is £*** including insurance. Should you wish to reserve a place for your son/daughter please complete the pro forma below and return it to ***** in the Office in an envelope clearly marked 'Year ** Camp'. Please send in deposits of £40, which are non-returnable, by ***** at the latest. The remainder can be paid in two instalments; the first by ***** and the second by *****. Cheques should be made out to '***** School'. Receipts and confirmation will be sent via registers. Should you have any queries please do not hesitate to contact me at the school.

Yours sincerely, *****

“_____”

Year *** Camp ** 20**

Please reserve a place for my son/daughter on the Year ** Camp on ***** (date) **. I enclose a cheque/cash for £40. I understand that this deposit is non-refundable.

Name of Student _____ Form _____

Name of Parent/ Guardian _____ Signature _____

Medical Details – please note that all of this information is essential Please fill in below where the person legally responsible for the student will be contactable during the time of the activity course: Name of parent/guardian:

Home Address:

Telephone: Code _____ Number _____

Emergency Address and Telephone number (if different to above e.g. grandparents, aunt, work etc.):

Doctor's Name

and Address _____

Doctor's Telephone Number

National Health

Number: _____

Does your son/daughter suffer from asthma? YES/NO (Please ensure that your child has a spare inhaler and that it is clearly labelled and handed in to a member of staff) Does your son/daughter suffer from any known medical condition or phobias the school should know about?

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that might be contagious or infectious? YES/NO If YES, please give details:

Date of last tetanus
injection: _____

Any known allergies (penicillin, plaster, insect bites
etc.): _____

Prescribed medication to be taken: Which type of pain/flu medication your child may be given if necessary?

Dietary considerations (vegetarian
etc.): _____

Swimming Standard (please circle): Weak / Competent (swims 50m in light clothing, front or back) Please indicate any other information below:

Please include all relevant information including symptoms, treatments and medication (if you are not sure, please tell us anyway) and remember that your son/daughter will be taking part in strenuous physical activities.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW I confirm that I am the person who has parental responsibility for _____. I agree to him/her taking part in this visit and have read the information sheet. I have read the information relating to the ***** Camp and my son/daughter is aware of the details. I believe that he/she is fit to take part in the activities and have declared any relevant dietary requirements and medical details on the form overleaf. I give consent for the staff to seek medical advice should illness or an accident occur. If a surgical operation, dental procedure or injection becomes necessary, including anaesthetic or blood transfusion, I authorise the teacher in charge to sign on my behalf any written consent to operate, as advised by the medical authorities present. Every attempt will be made to contact parents/guardians. I also consent to my son/daughter being administered a non prescription painkiller by a member of staff if he/she requests. I will inform the Group Leader as soon as possible of any changes in medical or other circumstances between now and the commencement of the trip. I agree to my son/daughter taking part in any or all of the following activities:

(*****list activities *****). I understand what these activities involve. I understand the extent and limitations of the insurance cover provided. I understand that if the party leader considers the behaviour of my son/daughter to be unsatisfactory or could in any way jeopardise his/her own safety or that of others, that he/she will be excluded from activities or in the extreme be asked to return home early at my expense. I realise that if my son/daughter's behaviour prior to the trip is inappropriate that his/her place on the trip may be in jeopardy. I confirm that my son/daughter is aware of the Code of Conduct for school visits as explained to him/her at the trip meeting – i.e. that the same standards of behaviour apply on trips as at school. I understand that it is vital for all pupils to obey without question, the instructions of the staff. I understand that while the school staff in charge of the party will take all reasonable care of the children they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter which occurs as a result of the school trip. Signed _____ Date _____

----- KIT LIST When packing please remember that the weather can be variable and choose equipment accordingly – it could be cold at night and rain is possible!

WATERPROOF JACKET AND TROUSERS

WARM OUTDOOR JACKET

SLEEPING BAG (AND SLEEPING MAT; PILLOW IF REQUIRED);

EXTRA BLANKET

PLENTY OF ROUGH WARM CLOTHING E.G. LEGGINGS, TRACKSUIT BOTTOMS, JUMPERS, SHORTS, T SHIRTS – ENOUGH FOR THREE OR FOUR CHANGES

SMALL AMOUNT OF SPENDING MONEY (£10 MAXIMUM)

TOWEL & WASHKIT

DRINK BOTTLE/FLASK

TORCH AND BATTERIES

BINLINERS HAT AND GLOVES

THREE SPARE PAIRS OF ROUGH SHOES, BOOTS OR TRAINERS

SMALL RUCSAC

SUNBLOCK

KNIFE, FORK, SPOON, PLATE, BOWL, MUG (UNBREAKABLE)

SNACKS E.G. CHOCOLATE BARS ETC. FOR MINIBUS JOURNEY AND THE REST OF THE WEEK

SWIMMING COSTUME

WALKING BOOTS

COMPLETE CHANGE OF CLOTHING (INCLUDING FOOTWEAR) FOR CANOEING – PLEASE

REMEMBER THAT THESE CLOTHES WILL BE WET & UNUSABLE AFTERWARDS

ANY MEDICATION E.G.

INHALERS To ***** beforehand please – named and in an envelope

NOTES: PUPILS SHOULD NOT BRING ANYTHING OF VALUE OR THAT COULD BE DAMAGED BY ROUGH WEAR OR DIRT – EXPENSIVE ITEMS ARE UNSUITABLE. PLEASE NOTE THAT SWEATSHIRTS ARE NOT JUMPERS – YOU NEED WOOLLEN OR 'FLEECE' JUMPERS

IMPORTANT: NO MOBILE PHONES ARE PERMITTED FOR STUDENTS. THIS IS THE POLICY OF ***** EDUCATION AUTHORITY AND THE SCHOOL. THIS IS FOR IMPORTANT HEALTH AND SAFETY REASONS AND IT IS VITAL THAT THIS RULE IS COMPLIED WITH.