

March 2018

Dear Parent/Guardian

### Year 7 Camp 2018

As part of the Year 7 Curriculum all year 7 students are invited to take part in the annual School camp this year at Gradbach Scout Camp in Staffordshire. The camp is an excellent opportunity for students to develop friendships, work as teams and have new experiences. We would really like every member of Year 7 to be part of the camp. Students from previous cohorts always come back full of enthusiasm for the time they have spent away. The camp takes place over 2 nights and 3 days. There are a variety of activities planned for the 3 days including climbing, abseiling, caving and bush craft. Food will be provided and will consist of breakfast, lunch and a hot evening meal. Snacks and drinks will be available during the day. Students are allowed some spending money which should not exceed £5.00.

The camps will take place on the following dates:

Camp 1 – Wed 6th June – Fri 8th June 7RK, 7VS

Camp 2 – Mon 11th June – Wed 13th June 7PAH, 7RN

Camp 3 – Wed 13th June – Fri 15th June 7HM, 7GM

Camp 4 – Mon 18th June – Wed 20th June 7NLS, 7HG

Camp 5 – Wed 20th June – Fri 22nd June 7PM, 7JWB

The total cost of the camp will be £120. The full payment includes cost of transport, food and all activities on camp and accommodation. Payment should be made by using your online sQuid account. **PLEASE USE portal.squidcard.com.** Select the 'Trips and Offers' option, then select the Year 7 Camp. **Please make a payment of £60 by 30<sup>th</sup> March 2018 (non-refundable deposit).** You have the option on sQuid to pay in instalments or make the full payment, as long as full payment is made by **11<sup>th</sup> May 2018**. If you have any queries with sQuid payments please contact [customerservice@squidcard.com](mailto:customerservice@squidcard.com) Please note that if the transaction amount is below £10 it is advisable that you top up your account by bank transfer or standing order to avoid the 25p charge levied by Squid.

Parents who are in receipt of:

- Income Support
- Income-based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Tax Working Tax Credit run-on – paid for four weeks after you stop qualifying for Working Credit
- Universal Credit; you may like to contact school finance by telephone or letter, in confidence, by Friday 30<sup>th</sup> March 2018, to discuss further financial assistance. **However, it must be emphasised that the event can only take place if parents' contributions cover the cost of the activity.**

Please note that George Spencer Academy will not allow any student to participate in a school residential activity when the total payment due for the trip has not been received **at least 48 hours before the departure date**. We reserve the right to withdraw any student should parents/carers not have discussed the shortfall with the Finance Director by this deadline and agreed how the balance will be guaranteed. Depending upon the circumstances of each case, cancellation charges made by external providers may be incurred by the student's parent and any deposits paid may be lost.

We shall write to you to remind you of the second instalment and inform you of the final details and arrangements. **Also attached is a detailed consent form that, for obvious health and safety reasons, must be completed in full, and returned to your child's Learning Manager no later than Friday 25th May 2018.** Failure to return the detailed consent will result in your child not being allowed to go to camp. Please do not hesitate to contact us at school should you require any additional information at this stage.

Yours sincerely

Mr J Wright  
Director of Learning (Year 7)

Mr A Kerry  
Pastoral Support Assistant (Year 7)

# RESIDENTIAL VISITS CONFIDENTIAL PARENTAL CONSENT FORM

## 1. Consent for participation in the visit

Visit to: Year 7 Camp 2018 – Gradbach Scout Camp.

Date(s) / Times:                      From: \_\_\_\_\_ To: \_\_\_\_\_

**I agree to my son/daughter** \_\_\_\_\_ **(name)** taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities\* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

\* If there are any activities in which your child cannot participate, please give details:

As water activities are likely to be involved, is your child confident in water? **YES/NO/NOT APPLICABLE**

Do you give your permission for your child to take part in any swimming activity provided it is supervised by a member of staff from George Spencer School or other equally qualified person? **YES / NO**

## 2. Medical information, declaration and consent

a. Son/daughter's date of birth: \_\_\_\_\_

b. Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: **YES/NO**  
If YES, please give details of anything the leader needs to know about to safely care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c. Details of any medication

| Name of medication | Dosage | Times of day or circumstances to be given | Method of administration |
|--------------------|--------|---|--------------------------|
|                    |        |   |                          |

Any special precautions, side effects of medication etc:

**I give my consent\*\*** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

**I give my consent\*\*** for son/daughter to self-administer the above drugs.

**\*\*delete if not applicable**

- d. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything the last four weeks that may be, or become, contagious or infectious? **YES/NO**  
If **YES**, please give brief details.
- e. Is your son/daughter allergic to any medication: **YES/NO**  
If **YES**, please specify.
- f. When did your son/daughter last receive a tetanus injection?
- g. Please outline any special dietary requirements of your child:
- h. **I undertake** to inform the group leader / principal as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.
- i. **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

**3. Contact numbers**

- a. I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

My home address is: \_\_\_\_\_

\_\_\_\_\_

- b. If I am not available, please contact:

Name: \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- c. Name, address and telephone number of family doctor: \_\_\_\_\_

\_\_\_\_\_

**4. Any other relevant information**

**5. Signature**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Full name (capitals) \_\_\_\_\_

**1 copy to be held by school**

**1 copy to be taken by leader on the visit**