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<b>PARENTS – TEAR OFF &amp; KEEP PAGES 1 &amp; 2 FOR INFORMATION. SIGN AND RETURN PAGES 3 &amp; 4 .</b>
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**1. Details of visit:**
**Name of school/ organisation: OTLEY THE WHARTONS PRIMARY SCHOOL**
**Venue/Location: GREAT TOWER SCOUT ACTIVITY CENTRE**
**Date & Times: MONDAY 3<sup>RD</sup> JUNE – FRIDAY 7<sup>TH</sup> JUNE 2024**
**Accommodation / centre (if used):**

Name: GREAT TOWER SCOUT ACTIVITY CENTRE

Address: Birks Road, Newby Bridge, Cumbria LA23 3PQ

 Tel. No: [01539 885298](tel:01539885298)
**Named contact / Head of Centre**

Angela Frost

**2. Place(s) to be visited**
**GREAT TOWER SCOUT ACTIVITY CENTRE  
 LAKE WINDERMERE**
**3. Visit & Deputy Leader**

Name of Leader	PAUL HAMPSON
Name(s) of deputy	LYDIA GAYWOOD

**4. Names & designation of other adults accompanying the party**

Name	Designation
N.KETTLEBOROUGH  D.REYNARD	Group Leader. Room inspections. Evening Security check. Pastoral care

**5. Size and composition of the group**

Number of Girls	12	Number of Boys	15	Number of Non binary	0	Total number of pupils	27
Age Range	10-11	Age range	10-11	Age range	na	Total number of staff	4

**6. Adult : Pupil Ratio                    4:27**
**7. Name of organising company/agency (if relevant)**

NA
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**8. Transport/travelling arrangements**

## Parental Consent Form

GSAL Coach

### 9. Financial arrangements

Trip funded by the parents of Y6 pupils

### 10. Brief details of programme of activities –a separate itinerary may be attached

TBC

### 11. Brief details of adventurous/ hazardous activities and associated specific requirements/qualifications.

Activity	Special requirements
All potential activities can be viewed on the Great Tower Website  <a href="https://www.scoutadventures.org.uk/centre/great-tower">https://www.scoutadventures.org.uk/centre/great-tower</a>	All activities are risk assessed and all safety equipment will be provided by the Scout centre

### 12. Brief details of any activities not listed above that are water based / involve water.

We will be doing a water based activity (Bell Boating)

### 13. Name and contact telephone number of school contact person

PAUL HAMPSON 01943465018

### 14. Contact for viewing risk assessments.

PAUL HAMPSON

**PARENTS – SIGN AND RETURN PAGES 3 & 4. KEEP PAGES 1 & 2 FOR INFORMATION. Please note if this form is not signed the pupils will not be permitted to go on the visit.**

Childs Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Name of school: \_\_\_\_\_

Venue/ Location \_\_\_\_\_

Date \_\_\_\_\_

**15. Medical information (\*please circle and delete where applicable)**

(a) Does your child/ young person (CYP) suffer from any conditions requiring medical treatment? YES/NO\*

If YES, please give brief details and describe the medication, the dosage and frequency required. If the schools policy is to administer medication then by signing this form you are giving your consent for staff to administer any agreed medication.

\_\_\_\_\_

b) If your CYP has been diagnosed with asthma please take any prescribed inhalers on the school trip. Please sign below to confirm your agreement that we may use a school salbutamol inhaler if the pupil's prescribed inhaler is not available, broken, or empty.

I agree to the school using a salbutamol inhaler.....

c) Has your CYP been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious? YES/NO\*

If YES please give brief details:

\_\_\_\_\_

(d) Is your CYP allergic to any medication or suffers from any allergies? YES/NO\*

If YES please specify

\_\_\_\_\_

(e) Has your CYP received a tetanus injection within the last five years? YES/NO\*

(f) Please outline any special dietary requirements of your child.

\_\_\_\_\_

**16. Information relating to specific activities.**

(a) For adventurous / hazardous activities detailed in item 11, does your child suffer from any medical condition that may affect their ability to undertake the activities? YES/NO\*

If YES please provide brief details

\_\_\_\_\_

(b) For overnight visits only. Does your CYP have any specific needs or conditions that affect overnight stays e.g sleepwalking, bed wetting, frequent nightmares, trouble sleeping. YES/NO\*

If YES please provide brief details.

\_\_\_\_\_

## Parental Consent Form

### 17. Declaration

*The School or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the School's negligence. I understand that the decision to provide emergency medical treatment rests with the medical authority. I will provide information below to assist a medical practitioner in their decision to give emergency treatment.*

*The school can share my information with emergency services and other specialist parties if required and as needed for the purposes of health, safety and wellbeing. \* see below*

#### Emergency contacts and home address (two required)

Name	Relationship to CYP -		
Address			
Telephone – Home:	Work:	Mobile:	

#### If not available at the above please contact:

Name	Relationship to CYP -	Partner to above / Friend / Neighbour
Address		
Telephone – Home:	Work:	Mobile:

#### Name, address and telephone number of family doctor

Name	
Address	
Telephone	

#### Information to provide a medical practitioner prior to giving emergency medical treatment

CYP National Health Number
CYP EHC Number (If visiting EU):

#### Declaration of consent:

**I agree to my CYP taking part in the visit outlined above and, having read the information sheet, 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 undertake to inform the Visit Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the commencement of the visit.**

\*“Under the terms of the Data Protection Act 2018 we must inform you of the following. By signing this form you are giving your explicit consent to the *School* to process your data. The processing involved will be for the purpose of monitoring Health and Safety in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to the School processing the information detailed in this form. I understand that this will be used by the school in pursuance of its business purposes and my consent is conditional upon the School complying with their obligations under the Data Protection Act 2018 and **General Data Protection Regulation (GDPR) 2018**”

Signed \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_