



# Lancaster Girls' Grammar School

**Headteacher** Mrs Jackie Cahalin BA NPQH **Deputy Headteachers** Miss Sarah Bellin BEd, Mrs Gill Jackson BA NPQH

Dear Parent/Carer

January 2012

## **OUTDOOR ADVENTURE DAY- Year 9 YMCA NATIONAL CENTRE, LAKESIDE - Friday 25th May 2012**

We are proposing to take all Year 9 students to YMCA National Centre, Lakeside for our annual Outdoor Adventure Day. This year the OAA trip will take place on Friday 25th May. We will travel by coach, leaving school at **7.50am** and returning to school at approximately **6.15pm**.

This is an opportunity for your daughter to participate in a one-day expedition that combines adventure activities, personal development and outdoor learning. Since your daughter will be spending the whole day outside taking part in a number of physical activities, she should wear clothing appropriate to the weather, **which she will not mind getting dirty!** It is **essential** that the girls all bring a **complete spare set of clothes** as one of the activities, "raft building", will undoubtedly involve the girls getting extremely wet. All girls should also **bring a packed lunch including drinks**.

You will be aware that the school holds medical information on your daughter. Please contact the school prior to the visit if there has been any recent illness of which we should be aware. If you have recently changed your land line/mobile telephone number, please inform the school immediately.

Please note that this trip is covered by Lancaster Girls' Grammar School - School Trips and Activities Plan Insurance. (Details available on request). Copies of written Risk Assessments for the activities (including Plan B) are available on request from the school.

To help cover the cost of the visit we are asking parents to make a voluntary contribution of £32. Whilst non-payment may not necessarily preclude your daughter from taking part, if sufficient funds are not forthcoming then the trip may have to be cancelled. If you wish to discuss the contribution further please do not hesitate to contact the Headteacher.

Yours sincerely

*Miss L Sharples*

PE Teacher and School Sports Co-ordinator

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**Please send your payment with this slip, along with the completed Health Form and Water Consent Form in a named, sealed envelope by Friday 9th March 2012**  
**Please return to Reception**

## **YEAR 9 Outdoor Adventure Day to YMCA Lakeside – Friday 25th May 2012**

I would like my daughter \_\_\_\_\_ (name) \_\_\_\_\_ (form) to take part in the Outdoor Adventure Trip. I enclose a voluntary contribution, cheque (payable to LGGS) or cash for £32, the attached visit form 5 and the water consent form.

Signed ..... Parent/Guardian Date: .....

**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM  
FOR THE LAKESIDE OAA TRIP**

**1. DETAILS OF VISIT**

Visit to: **LAKESIDE YMCA**  
From: **7.50am Friday 25th May 2012 To: 6.15pm Friday 25th May 2012**

Full Name: ..... Date of Birth: ..... Form: .....

I agree to my daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on her part and that the school reserves the right to prevent my daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.

**2. EMERGENCY DETAILS**

I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact:.....

Daughter health service details: - Medical card number: .....

Family doctor (Name, address and telephone number): .....

..... (.....) .....

**MEDICAL INFORMATION**

**a) Does your daughter suffer from any of the following conditions?**

Asthma	Yes/No	Bronchitis	Yes/No
Chest Problems	Yes/No	Diabetes	Yes/No
Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No		
If 'YES', to any of the above, please provide details: .....			
.....			
Epilepsy	Yes/No	If 'Yes',	
a) What specific epilepsy syndrome has been diagnosed for your daughter? .....			
b) What is the pattern of any seizure? .....			

(Please cross out the 'Yes' or No' which does not apply)

**b) Does your daughter suffer from any other condition requiring medical treatment, including medication?** Yes/No

If 'YES', please provide details: .....

**c) Is your daughter allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?** Yes/No

If 'YES', please provide details: .....

**d) Has your daughter been immunised against the following diseases?**

Poliomyelitis Yes/No Tetanus (lock jaw) Yes/No

If 'YES', to tetanus, please give date if known .....

**e) Is your daughter taking any form of medication on a regular basis?** Yes/No

If 'YES', please give full details, indicating the type of medication and dosage.

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**Please ensure that your daughter has adequate supplies of medication and dosage for the whole visit.**

f) **To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?**  
Yes/No

If 'YES', please give full details: .....

g) In the case of a residential course, does your daughter have any: (please give the details)

Special Dietary needs? .....

Any child care needs? .....

h) **Please supply any additional information that you wish the school to be aware of (e.g. recent illness, medical information, special requirements etc) which may affect the full range of activities in this event:** .....  
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**INSURANCE COVER**

I understand that the visit is insured under the Schools travel insurance policy. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School. The School Insurance policy is available on request.

**DECLARATION BY PARENT/CARER**

- In the case of an emergency I agree to my daughter being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- I consent to my daughter ..... taking part in the visit, and, having read the information sheet, declare my daughter to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the pupils are to be returned and I understand that I am responsible for my daughter getting home safely from that place.
- I am aware of the levels of insurance cover.
- I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my daughter's participation in the visit will be notified to the School prior to the visit.

Signature of Parent/Carer ..... Date .....

Name of parent/carer in block letters: .....

Address: .....  
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**WATER CONSENT FORM**

As part of the day's activities, your daughter will be taking part in a raft building exercise. Once built, the rafts will be sailed a short distance on Lake Windermere. The groups will be supervised by qualified instructors and all participants will be wearing buoyancy aids. There is the possibility that during this activity, your daughter may fall into the water. Please can you sign the consent form below to indicate that your daughter is water confident and that you are happy for her to take part in this activity.

If the consent form is not signed and returned to school, your daughter will be unable to sail the raft on the Lake.

She is capable of swimming 25 metres unaided Yes/No (Delete as appropriate)

I do / do not give my consent for my daughter to sail a raft on Lake Windermere.

Signed ..... Parent/Guardian