



Headteacher: Mrs L Ayling BA (Hons) NPQH

March 2018

Dear Parents/Carers

### **Duke of Edinburgh Silver Award Practice Expedition**

Firstly, I would like to congratulate your daughter for taking part in the Silver Duke of Edinburgh Award. This is a step up from the Bronze and your daughter has shown excellent determination and commitment to participate in this Award. The next step is to now take part in the Silver Practice Expedition. The practice expedition will take place from **Friday 16 March to Sunday 18 March 2108** and will be based in Clitheroe.

Students will travel by coach, leaving school at **7:30 am** on **Friday 16 March** and will return by approximately **16.30pm** on **Sunday 18 March**. The students will need to be dropped off on the corner Riviera and Bedford Drive to register with staff. All students must to be collected by a parent/carer on Sunday 18 March.

For the practice expedition, students will need to take with them all necessary equipment to complete the three days hiking and overnight camping. Students have been informed about this during their training sessions in school. Students will also be handed the equipment that they have requested on **Monday 12 March** during lunch-time.

During the assessment, Duke of Edinburgh staff will hike with each group. All necessary risk assessments have been carried out and your daughter will be closely supervised at all times.

Nothing less than outstanding behaviour is expected of students from Prenton High School; students must follow the instructions of staff whilst on the visit, staying within boundaries set and adhering to our expectation. If you have any questions regarding this trip please do not hesitate to contact me via the school office.

Please can the attached information form be returned to Mr Robinson by **Tuesday 13 March**.

Yours faithfully

Mr N Robinson  
Teacher of Humanities (Duke of Edinburgh Leader)

**Visit to Clitheroe: Practice Expedition Friday 16 March - Sunday 18 March 2018**

**N.B. ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/CARER**

I agree to my daughter:

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

**1. Medical Information**

a) Does your daughter have any medical conditions? YES/NO  
If YES, please give full details:

\_\_\_\_\_

\_\_\_\_\_

b) Is your daughter taking any medicine? YES/NO  
If YES, please give full details:

\_\_\_\_\_

\_\_\_\_\_

c) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO

d) Is your daughter allergic to any medication, insect bites, food etc? YES/NO  
If YES to c) or d) please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f) Has your daughter received a tetanus injection in the last 3 years? YES/NO

g) Has your daughter any special dietary requirements? YES/NO  
If YES, please give details:

\_\_\_\_\_

\_\_\_\_\_

**2. Swimming**

Is your daughter able to swim? YES/NO

If YES, comment upon your child's swimming ability.

\_\_\_\_\_

\_\_\_\_\_

**3. Emergency Contacts (including family doctor)**

I may be contacted by telephoning the following numbers

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

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

\_\_\_\_\_

If not available at the above, please contact:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

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

\_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Tel. No: \_\_\_\_\_

\_\_\_\_\_

**4. Declaration**

I understand that the teacher in charge of the group will be acting in 'duty of care' and in the event of an accident I agree to my daughter receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my daughter between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided and that Prenton High School for Girls is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

**Parent/Carer Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By signing this letter, I am confirming that I have parental responsibility for the child named.

**PLEASE ENSURE THAT YOUR DAUGHTER BRINGS WITH HER ANY  
RELEVANT MEDICAL INFORMATION**