



Headteacher: Mrs L Ayling BA (Hons) NPQH

February 2020

Dear Parent/Carer

### **Duke of Edinburgh's Silver Award**

We are so pleased that your child is participating in the Duke of Edinburgh's Award at Prenton High School. The Duke of Edinburgh's Award is the world's leading youth achievement award and will provide your child with the opportunity to develop a huge range of skills.

The dates for the expeditions are confirmed and listed below:

The first expedition, which is the practice expedition, will be on **Thursday 23 April – Saturday 25 April 2020**. The venue will be Waddow Hall in the Forest of Bowland BB7 3LD. Students will be leaving school after **2.40pm** so will need to bring their fully packed bag with them into school. The students will also need to arrive to school in full DofE kit which they will wear throughout the school day. Students will return to school on **Saturday 25 April at 4.30pm** at the school car park where they must be collected.

The second expedition, which is the assessment expedition, will be on **Wednesday 1 July – Friday 3 July 2020**. The venue will be Waddecar Scout Camp Ground in the Forest of Bowland PR3 2EU. Students will need to arrive to school on **Wednesday 1 July at 7.15am** at the school car park where they will be loaded onto the minibus. Students will return to school on **Friday 3 July at 4.30pm** at the school car park where they must be collected.

Once again I would just like to thank you for allowing your child to take part in this fantastic opportunity. The Duke of Edinburgh's Award provides young people with so many skills and will give them experiences that they will never forget.

As with all educational visits, staff reserve the right to refuse permission for any student to attend if their behaviour is, or becomes, a cause for concern. We are only prepared to take those students whose behaviour is excellent. Also, if your child withdraws from the Duke of Edinburgh's Award for any reason, this must be communicated by a parent, in writing or a phone call, to Mr Robinson.

Attached to this letter there will be a student medical consent form; please complete and return to Mr Robinson as soon as possible.

If there are any issues with payments, the dates or the venues, please contact the school as soon as possible and ask for Mr Robinson in the Humanities department. Alternatively, you can contact me directly via email: [robinsonn@prentonhighschool.co.uk](mailto:robinsonn@prentonhighschool.co.uk).

Yours faithfully

Mr N Robinson

Teacher of Humanities and Duke of Edinburgh Coordinator at Prenton High School

**PARENT/CARER CONSENT FORM FOR EDUCATIONAL VISITS**

**Visit to:**

- **Practice Expedition: Waddow Hall in the Forest of Bowland BB7 3LD**
- **Assessment Qualifying Expedition: Waddecar Scout Camp Ground, Forest of Bowland PR3 2EU**

**Dates: Thursday 23 April – Saturday 25 April 2020/ Wednesday 1 July – Friday 3 July 2020**

I agree to my child \_\_\_\_\_ of Form \_\_\_\_\_ taking part in the above mentioned visit and having read the information sheet agree to her participation to any of the activities described. I acknowledge the need for obedience and responsible behaviour on her part.

I understand that the teacher in charge of the party will be acting in loco parentis and in the event of an accident I agree to my child receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Prenton High School is insured in respect of its legal liabilities only and that there is no Personal Accident, or other cover, unless I have been advised specifically by the organiser.

Accidents may therefore arise for which Prenton High School is not responsible. Parents/Carers may wish to obtain suitable insurance to cover such eventualities.

**Parent/carer sign:** \_\_\_\_\_ **Print:** \_\_\_\_\_

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

**Contact Telephone No:** \_\_\_\_\_

**PLEASE ENSURE THAT YOUR CHILD BRINGS ANY RELEVANT  
MEDICAL INFORMATION AND CONTACT NUMBERS**

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

**Visit to: Practice Expedition, Thursday 23 April – Saturday 25 April 2020**

**Assessment Qualifying Expedition, Wednesday 1 July – Friday 3 July 2020**

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

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

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**1. Medical Information**

a) Does your child have any medical conditions? YES/NO

If **YES**, please give full details:

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b) Is your child taking any medication? YES/NO

If **YES**, please give full details:

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c) To the best of your knowledge, has your child 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 child allergic to any medication, insect bites, food etc? YES/NO

If **YES** to c) or d) please give details:

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

g) Has your child any special dietary requirements? YES/NO

If **YES**, please give details:

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## 2. Swimming

Is your child able to swim? YES/NO

If **YES**, comment upon your child's swimming ability:

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## 3. Emergency Contacts (including family doctor)

I may be contacted by telephoning the following numbers

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

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

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If not available at the above, please contact:

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

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

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

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#### **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 child 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 child 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 is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

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

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

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

**PLEASE ENSURE THAT YOUR CHILD BRINGS ANY  
RELEVANT MEDICAL INFORMATION**