

2 May 2024

Dear Parent/Carer

Re: GCSE Skegness Fieldwork Trip (July 2024)

We are excited to inform you of our upcoming Year 8 fieldwork trip to Skegness, taking place on Wednesday 10 July 2024. The cost of this trip will be £15.00 per student to cover the cost of transportation.

The trip will consist of data collection along the beach at Skegness, between the pier and Gibraltar Point, as well as the recording all types of traffic between the beach and Skegness Academy, where data will be collated before returning to school by approximately 5.00pm. As students will be arriving back at school after lessons have finished, you will need to make appropriate arrangements to collect your child from the Academy.

Students will need to ensure that they are dressed appropriately for the weather, which can be unpredictable on the east coast. This includes sturdy footwear and a waterproof jacket or coat, as students will be outside for most of the day. Lunch will be provided for those on free school meals - all other students are required to bring a packed lunch with them (or money to purchase food).

It is essential that we are informed of any medical conditions your child has. Please can you detail any information that you would like us to know on the attached Medical Form. If we do not receive any information, we will assume that there are no medical details we need to be aware of.

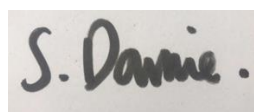
Please can you also detail an emergency contact number, where if needed, we can contact you during the day. Please still provide this even if it is the same as we already hold on our Academy records.

NB: The Academy reserves the right to remove any student from the trip who cannot uphold our high standards of dress and behaviour prior to the event taking place.

Please complete the attached slip and ask your child to return to me, Mr Downie, in A95, alternately please pass to our reception team who will forward on. Slips need to be in a sealed envelope, and clearly marked with your child's name and 'Year 8 Skegness trip' on the front. Otherwise, please feel free to complete our Microsoft Form (MSF) by clicking [here](#). This MSF link will also be sent out via Group Call to enable easier accessibility.

One of these methods of consent, as well as payment via the Vericool app, needs to be received by Friday 28 June 2024 to guarantee a place on the trip for your child.

Yours faithfully



Mr S Downie
Teacher of Geography



Please return the following to Mr Downie in A95 by Friday 28 June 2024

Completed Medical Consent Form

Student Name: _____ Form: _____

I give permission for my child to attend the Year 8 Fieldwork Trip:

Parent/Carer Signature: _____ Date: _____

**PARENTAL CONSENT FORM FOR OFFSITE ACTIVITY
NON-RESIDENTIAL**

Visit to:

Date and times:

I consent to: (Full Name)

taking part in this trip and have read the accompanying letter. I agree to my child participating in the activities described. I acknowledge the need for my child to behave responsibly throughout the visit and to follow any rules and instructions given.

Please let us know how your child will be collected (at 5.00pm) after the trip. Please sign the method applicable:

I will collect my child _____

My child will walk / bike home independently _____

My child will get the bus home _____

Other (Please specify as well as sign) _____

Medical information about your child:

Date of Birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment?

Yes No

If yes, please give details:

If you have answered yes, do you give your permission for the staff to administer the medication should this be necessary?

Yes No

Is your child allergic to any medication? eg penicillin

Yes No

If yes, please give details:

Please outline any dietary needs or food allergies:

I will inform the Group Leader, Head of Year or Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day: Evening: Mobile:

Address:

Alternative Emergency contact:

Name:

Relationship

Day: Evening: Mobile:

Address:

Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I agree to my child receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed: (Parent/ Carer)

Print Name: Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form
2. The Emergency Contact Form
3. The Risk Assessment Form
4. The Evaluation Form