

St Monica's R.C. High School



BURY OLD ROAD, PRESTWICH, MANCHESTER M25 1JH

Tel: 0161 773 6436

Fax: 0161 773 7155

Finance Dept: 0161 798 0186

PE Dept: 0161 798 8206

Email: stmonicas@bury.gov.uk

Web: www.stmonicas.co.uk

Headteacher: Mrs. A.M. Hainsworth, BSc

3rd December 2018

Dear Parent/ Carer,

The dates for the Ski trip will be **Saturday 16th February 2019 – Sunday 24th February 2019**. We will be aiming to leave school at 8:30am on the Saturday and return around 7:30pm on the Sunday (depending on traffic and ferry times).

I am writing to invite you to a meeting on **11th December at 6pm** in the school hall where more information will be given out about the trip and what your child will need with them during the stay.

I have also invited a representative from the ski company 'Surfanic' who have some special offers on clothing especially designed and packaged for schools should you wish to purchase any through them or look at the type of clothing your child will need.

Attached is a Medical consent form and a form from the Ski Company that needs to be filled out accurately and handed back to Mr Plunkett by **Friday 14th December 2018**.

Many Thanks,

Mr Hughes & Mr Plunkett
Ski Trip Leaders

Parental Consent Form

For One-Off Activities

CONFIDENTIAL

Data Protection Act. The information being collected on this form will only be used for the purpose of school administration of visits and journeys under the Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency to the Local Education Authority or emergency services, without your written consent.

Description of Activity. Ski Trip to Paso Tonale, Italy 2019

Date and venue of Activity: Saturday 16th February – Sunday 24th February 2019 (Half Term)

- 1. Name of Participant. -----
- 2. Address. -----
----- Postcode -----
- Tel. No. 1. -----
2. -----
- 3. Age ----- Date of Birth -----
- 4. Alternative Contact, Address, and Tel. No. -----

(For emergency use)

5. Personal Information:

Please give details requested below or personal information, which might be relevant.

- A. Has your child, to your knowledge, been in contact with any infectious illnesses in the last three weeks?
YES/NO If yes, give details -----

- B. Does he/she suffer from allergies, Diabetes, migraine, Epilepsy, bad period pains or any illness or disability?
YES/NO If yes, give details -----

- C. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food etc.)?
YES/NO If yes, give details -----

- D. Is he/she actively sensitive to penicillin?
YES/NO If yes, give details -----

E. Is he/she receiving any medical treatment at present?
YES/NO If yes, give details of illness/disability and treatment -----

F. Date of last tetanus injection (if known) -----

G. Does he/she have any special dietary needs? -----

H. Can he/she swim 50m YES/NO

I. Name and Address of own Doctor -----

6. Insurance: Please note that Bury Council holds a school journey insurance policy that automatically covers all persons participating in educational trips and residentials. Claims resulting from insured activities should be submitted in writing by the group leader or Headteacher and not by pupils, individuals or parents direct.

4. PARENTAL CONSENT

- | |
|---|
| <ul style="list-style-type: none">i. I agree to my son/daughter (delete) taking part in the above activities.ii. I understand that the staff responsible for the activities will take all reasonable care of participants.iii. I acknowledge the need for my son/daughter (delete) to behave responsibly.iv. I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety. |
|---|

Signature ----- Date. ----- Print name. -----

Please return this form to --- Mr Plunkett

I wish to withhold my consent for the following activities:

1: -----

2: -----