

RIPLEY ST THOMAS

CHURCH OF ENGLAND ACADEMY

ripleystthomas.com
Ashton Road, Lancaster LA1 4RS



01524 64496
admin@ripley.lancs.sch.uk

19th January 2023

Dear Parent/Carer

Proposed Visit to FSC Preston Montford Shrewsbury Wednesday 27th September – Friday 29th September 2023

In accordance with the visit information sheet (attached), it is proposed to take your son/daughter to FSC Preston Montford in Shrewsbury to carry out fieldwork and practical techniques which are required for the A Level Biology specification. This is a successful trip which the Biology department have been running for 20 years, and provides invaluable field work and team building opportunities for our students.

This is a 3 day residential trip which will cover all of the ecology aspects of the Edexcel specification. Students will be able to develop practical skills as well as build biological knowledge. During their stay pupils are given the opportunity to study succession using a variety of sampling techniques and investigate variations in population size. **These topics will not be repeated back at Ripley.**

As this trip forms part of the specification, the cost of the tutorial sessions is covered by Ripley. The total cost per pupil will, therefore, be **£160**. This includes all travel, accommodation, meals and activities. Payment can be made by instalments. The first instalment of £80 will be required by Friday 31st March 2023, and the final instalment of £80 will be due by Friday 9th June 2023. For security, all payments should be made online at www.scopay.com/ripley using your personal login details from the letter previously issued to pupils. If you have any problems using the online payment system please contact the school finance office for assistance.

You will also be required to return a fully completed Consent and Medical Information Form (attached) by **Friday 9th June 2023**. Please return this form to the sixth form reception, or to Mrs Pinder, in an envelope clearly marked with your child's name and 'FAO Mrs Pinder: A Level Biology Shrewsbury Trip' on the outside.

With regard to cancellations we will endeavour to re-allocate the place but we cannot guarantee a full refund where irrecoverable costs have been incurred. Where cancellation arises for justifiable reason (eg medical grounds) then this would usually be covered by our travel insurance.

Please note that late receipt of payment(s) and/or forms, will jeopardise your son's/daughter's opportunity to take part in the visit.

Yours sincerely

Mrs Pinder
Subject Leader for Biology

An education for life

INFORMATION SHEET
FOR PARENTS/GUARDIANS FOR THE TRIP/VISIT TO :

FSC Preston Montford Residential

Visit to:	Field Studies Council, Preston Montford, Shrewsbury
The following activities will be undertaken:	Ecology field trip
The alternative (Plan B) activity/venue is :	No alternative Plan B. If cancelled the party will return to base / school.
Date(s) of the visit:	Leave on Wednesday 27 th September 2023 Return on Friday 29 th September 2023
The mode of transport is:	Coach/minibus
The time & place of departure is:	We depart from school at 10am.
The approximate time & place of return is:	We return to school at 3pm (approx.)
For residential visits the accommodation address & tel. number is :	FSC Preston Montford, Montford Bridge, Shrewsbury SY4 1DX
The base contact details are : (NB <u>these should be used in emergency situations only</u>)	Mon to Fri up to 16:00hrs : 01524 64496 ext 1023 All other times : 07722027582

If Parents/Guardians have any concerns prior to the trip/visit taking place, please contact :-

Mrs Pinder : 01524 64496

e-mail : Via ParentLine on the school "Contact Us" Page

NOTE: Ripley St Thomas CE Academy has insurance arrangements in place for covering personal injury to pupils. Details are available on the school website or you can request a copy from the school's Educational Visit Co-ordinator

IMPORTANT
PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM
The attached consent form **MUST** be completed and returned to the school **before** your child may participate in the visit/activity.

**Parental/Carer Consent and Medical Information Form
for Type B Educational/Off-Site Visits and Adventurous Activities
(This form is to be completed in full by the parent/carers and returned to the School/Service)**

1. Details of Visit

Visit to: FSC Preston Montford

Alternative Activity (Plan B): **No Plan B. If cancelled the party will return to school.**

From: 9.30am on Wednesday 27th September 2023 To: 3pm on Friday 29th September 2023

Child's name: Date of Birth: Form/class:

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/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. I agree that I will update the school/service with any medical information or changes to emergency contact details.

S/he is capable of swimming 25 metres unaided Yes/No

2. Emergency Details

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

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

Mobile Telephone no:

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Name & Address:

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

Name & Address of Contact:

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Child's Health Service details: - Medical card number:

Family doctor (Name, address and telephone number):

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

3. Medical Information

a) Does your child 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 child?		
b) What is the pattern of any seizure?		

b) Does your child suffer from any other condition requiring medical treatment, including medication?

Yes/No

If 'Yes', please provide details:

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

If 'Yes', please provide details:

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d) Has your child 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 child taking any form of medication on a regular basis?

If 'Yes', please give full details, indicating the type of medication and dosage.
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Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?

If 'Yes', please give full details:..... Yes/No

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

- Special Dietary needs?
- Any childcare needs?

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

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4. Insurance Cover

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School/Service.

5. Declaration By Parent/Carer

- In the case of an emergency I agree to my child 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 visit and the insurance arrangements.
- I consent to my child taking part in the visit and activities, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned, subject to any agreed adjustments.
- I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

I accept that there is an inherent risk of injury in participation of adventurous outdoor activities. Risk can be reduced to acceptable levels by implementing appropriate risk assessments. Copies of written risk assessments are available on request from the school/centre.

Signature of Parent/Carer Date.....
(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carers in block letters:

Address:

NOTE: This completed form to be returned to the school/service.

In the case of the applicant being 18 years of age and above, the following must be read and signed:

I declare the above information is correct and that the person in charge of the visit/activity has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.

Signed Date

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PAYMENT HAS BEEN MADE : ONLINE or £ cash enclosed