

Our Ref: ACR/OLE
January 2022

Dear Parent/Carer RE: **Year 8 Residential**

To Celebrate the hard work and commitment shown by our Year 8 students, we are pleased to announce that this year's reward is an overnight trip to the Kingswood Centre, Dearne Valley, Doncaster. **The trip will take place on Friday 17th June 2022, Returning on Saturday 18th June 2022.** The students will be picked up from Outwood Academy Danum at 1pm on Friday the 17th June 2022 and return on Saturday 18th June 2022 at approximately 2pm.

The trip will involve an overnight stay and will combine an adventure package to provide students with a range of different activities to excite, challenge and engage them. Whilst at Kingswood, students will take part in a number of activities including; climbing/abseiling, orienteering, archery, the high/low ropes course and team building activities. This will fulfil Pledge 3 'Take part in an outward bound residential programme'.

We intend to take students from the year group who meet behaviour expectations in lessons, for two days with an overnight stay in the Kingswood Centre residential facilities. We would like to introduce the trip at this stage in the year to motivate and excite students about the possibility of attending.

The cost of your son/daughter to attend is **£40, this needs to be paid by the 31st of March 2022.** This cost will include all travel to and from Kingswood, overnight accommodation, all activities involved, specialist clothing and equipment, lunch, evening meal on Day one and breakfast and lunch on Day two.

Please note this is a Non-refundable payment of £40 in the event that you wish to cancel your child's place.

Please note that as we are now a cashless school, we no longer accept cash or cheques in school and therefore payment will need to be made by either of the following methods:

Payment Option 1: iPay online account – Please log into your existing iPay account and select 'Accounts' from the tool bar at the top. Click on the blue box 'select' next to your child's name and you should then be able to see the trip listed. Please select the blue button 'pay' and follow the onscreen instructions to make your payment. If you have yet to set up your iPay account, please email finance@danum.outwood.com for the details you will require.

Outwood Grange Academies Trust, a company limited by guarantee registered in England and Wales with company number 06995649.

Registered office address: Potovens Lane, Outwood, Wakefield, West Yorkshire WF1 2PF.

VAT number: 158 2720 04. Outwood Grange Academies Trust is an exempt charity.

A list of Directors' names is open to inspection at our registered office.

Payment Option 2: PayPoint - If you currently use PayPoint for school meals, you can use this option for payment however **please do not use your existing PayPoint card** as this is linked specifically to your child's school catering account. If you wish to pay by this method, please ask your child to call into the Finance Office where they will be given a special barcode for this item. You can then make payment by taking this barcode and your payment to your usual PayPoint store.

If you consent to your child participating in this visit, please complete and return the attached consent form to the SID. Please note your place will not be secured until payment is made.

Yours faithfully,



Miss O Lee

Reply Slip

Please return to SID (Student Information Desk)

Kingswood Centre, Dearne Valley, Doncaster.

I consent to my child attending the Kingswood Outdoor Adventure Centre on Friday 17th June to Saturday 18th June. I understand that my child will be taking part in outdoor adventure activities as well as staying overnight at the venue. I have enclosed an up to date Consent, Contact and Medical Form, if there are any changes to this before the date of the educational visit I will contact the visit leader, Miss O. Lee to make the academy aware.

Name of student _____ (PLEASE PRINT)

Signed _____ Parent/Carer

Date _____

SCHOOL TRIPS PARENTAL / GUARDIAN CONSENT, CONTACT AND MEDICAL FORM

Trip: Kingswood Centre

Date of trip: 17th June 2022

This form must be completed and returned to the teacher in charge of the visit or trip, in order for students to be allowed to participate.

Parental Consent

First name		Family name:	
Date of Birth		Form:	
Trip / Visit to			
Date(s) From		To	
<i>I agree to my son/daughter taking part in the above mentioned Trip / Visit</i>		Parent or Carer's signature	

Student Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Alternative contact		Relationship to student :	
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate:

My child does not suffer from any medical condition requiring regular treatment.			
My child suffers from			
and has been prescribed	Name of medication	Dose	Frequency

the following medication			

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following:	Allergic to	Type of reaction

Please delete as appropriate

I would like to discuss my child's medical condition with the trip leader.	YES/NO
My child has an up to date tetanus injection.	YES/NO
I am willing for my child to be given with "over-the-counter medication" by staff e.g. paracetamol, travel sickness medication, throat lozenges, plasters, insect bite antihistamine.	YES/NO

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the pupil with spares given to the trip leader.

Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies	(please give details)	YES/NO
Is your child entitled to Free School Meals		

Swimming Ability Additional Information

a) Is your child able to swim 50 metres?	YES/ NO
b) Is your child water confident in a pool?	YES/ NO
c) Is your child safety conscious in water?	YES/ NO
d) Is your child confident in the sea or in open inland water?	YES/ NO
Please include any additional information as required	

Declaration by Parent/Guardian (or student if over 18)

1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
2. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including an aesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print Name			