



Osborne School

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Headteacher: Sonia O'Donnell

19 April 2018

Dear Parents and Carers

Hampshire Mountain Centre Residential Visit

I am writing to you with final details for the forthcoming residential visit to the Hampshire Mountain Centre in the Brecon Beacons from Monday 14 to Friday 18 May 2018. We are aiming to leave school at 10.30am on the Monday and return by 2.00pm on the Friday, this will enable pupils to use school transport if necessary.

Your child will require a packed lunch and drinks on the Monday. Pupil's entitled to free school meals will have a packed lunch provided by the school. If you wish to provide your child with spending money then £20 should be enough.

I have attached kit list, medical forms and healthcare plan. Please can you complete and return to school as soon as possible. If your child requires medication for the visit, please can you ensure that you send the medication in the named box with clear directions so that we have the name of the medication and the correct dosage. Please can you also complete the form to inform us how your child will be getting home on Friday 18 May.

If you have any questions, I will be holding drop in sessions about the trip on the following date and time;

Wednesday 2 May 3.30 – 5.30pm

If you are unable to attend and you have any questions or concerns, please do not hesitate to contact me, either by phone or e-mail
s.lang@osborne.hants.sch.uk

Yours sincerely

Stewart Lang
PE Co-ordinator/Head of Key Stage 4

To: Stewart Lang

Hampshire Mountain Centre Visit – 14 – 18 May 2018

Child's name _____

We will / will* not be attending the drop in session on 2 May

My child will be collected from school on Friday 18 May by *

My child will travel home using their normal school transport*

Signed _____ Parent/Carer

*Please delete as appropriate

Hampshire Mountain Centre Visit

Equipment List

You are likely to get wet on activities so bring at least a complete change of warm cloths for each day, remember they will get dirty so bring old things that don't matter. Perhaps bring something better for the evenings. Use the check list below to help prepare for your visit.

- 1 litre water bottle (very important)
- Warm hat, gloves, scarf (even in the summer)
- Sun hat /Sun cream(summer) / lip balm
- Sleeping bag/ pillow case/ bottom sheet
- Washing kit & 2 towels
- Indoor shoes or slippers
- Pyjamas or nightshirt
- Casual clothes for travelling and relaxing
- Wellingtons
- Torch
- Large Plastic bag to put dirty cloths into

For each day of activity a full set of warm activity cloths is required:

- Underwear
- Thick socks for inside boots
- T-shirts
- Long-sleeved tops –(e.g. warm sweaters – fleece)
- Loose warm trousers (e.g. track suit bottoms not jeans)
- Old shorts (for over wetsuit- Gorge Walking/ Canoeing)
- Trainers (plus an old pair for water activities)
- Swimming costume (for water activities)

The Centre will provide

- Walking boots
- Waterproofs
- Day sack
- All Activity related equipment. For example helmets, buoyancy aids, harnesses etc.

If you need to borrow any equipment please do not hesitate to get in touch with me as I have access to various items of kit.

**CONFIDENTIAL UNDER 18'S
MEDICAL QUESTIONNAIRE
AND ACTIVITIES CONSENT FORM**

Name of Participant Date of Birth

School / group / course nameDate(s) of Visit

Home Address

..... Post Code

Name of next of kin

Emergency contact no Home Work Mobile

Next of kin's contact address (if different to above).....

..... Post Code

Name of Participant's Doctor Doctor's telephone no.

Participant's Doctor's address

..... Post Code

Participants NHS No.

1 MEDICAL CONDITIONS – Has the participant had or do they suffer from any of the following?(please circle)

Asthma or bronchitis	YES	NO	Allergies to any known medication	YES	NO
Heart condition	YES	NO	Any other allergies e.g. food, plasters	YES	NO
Fits, fainting or blackouts	YES	NO	Regular medication	YES	NO
Severe headaches	YES	NO	Travel sickness	YES	NO
Diabetes	YES	NO	Other illness or disability	YES	NO

Is the participant receiving medical or surgical treatment of any kind? YES NO

Has the participant been given specific medical advice to follow in emergencies YES NO

Does the participant have any special needs of which we should be aware? YES NO

If the answer to any of the above questions is YES, please give details overleaf (including dosage of any medicines/tablets)

Has the participant received vaccination against Tetanus in the last 10 years? YES NO

If it is considered necessary , do you agree to:

- i. Mild painkillers (e.g. Paracetamol) being administered? YES NO
- ii. Hypo-allergenic sun screen being provided? YES NO

2 PHYSICAL FITNESS - Activities involve some or all of bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming. In case of doubt consult your Doctor before booking.

3 ACTIVITY SPECIFIC - Many of our activities take place in and around the water; how would you rate your child's confidence in the water? (see more detailed notes in booking conditions)

- a. My child can swim 50m and is water confident YES NO
- b. My child is water confident and can swim, but I'm not sure how far YES NO
- c. My child is a non-swimmer and/or may not be confident in the water YES NO

Please continue overleaf.