

Woodthorne Primary School
Woodthorne Road South
Tettenhall
Wolverhampton
WV6 8LX



Email: woodthorneprimaryschool@wolverhampton.gov.uk

Web: www.woodthorneprimary.org

Headteacher
Mr T Hinkley

Chief Executive Officer
Mrs A Cheema OBE



Part of Perry Hall Multi-Academy Trust
Company Number: 08566185

Tel: 01902 558544

6th February 2020

Dear Parents/Carers

Year 2 – Beaudesert Activity Centre Trip

We have arranged an information meeting for this trip to tell you a little more about the planned activities that the children will be participating in during their visit.

This will be held on Tuesday 25th February at 3.15pm.

In advance of this meeting, I also enclose paperwork which will be needed to allow your child to attend the visit. Could we please ask that this is completed and returned in advance of the meeting to allow us plenty of time to communicate with the centre.

Please complete the reply slip below to confirm whether you will be able to attend this meeting and return it to the school office.

Yours faithfully

A. Arshad

Year 2 Team

Year 2 – Beaudesert Activity Centre Trip

I confirm that I will / will not *(delete as applicable)* be able to attend the meeting at 3.15pm on Tuesday 25th February.

Child's name

Parent/Carer signature

During the visit, participants may take part in the following activities:

Archery	Geo-caching	Parachute Games
Challenge Course	Lawn Games	Pedal Karts
Crate Stacking	Low Ropes	Quarry Zip Line
Fire Lighting	Orienteering	Team Building

Due to the outdoor and adventurous nature of these activities, each carries inherent risk. In order to minimise risk, we carry out detailed risk assessments, and have processes of regular checks of equipment and training of staff and volunteers. Full risk assessments are available direct from Beaudesert Outdoor Activity Centre. Please contact the Guest Services Team for copies of these.

In order to provide the best possible experience for all of our customers we require that all participants (and parents/guardians where the participants are under the age of 18 years) have been made fully aware of the activities and the risk involved in them, and that any special needs and medical issues have been disclosed to the Centre prior to the booking commencing. We are also required to do this by law.

The Centre also requires information of any medical conditions, learning and behavioural needs that may affect activities, at least two weeks before the activity sessions commence. We will share this information with the instructor(s), and we will do our best to adapt the session(s) to meet the needs of the young person. Failure to provide this information will mean that we may be unable to accommodate all individual needs.

Please complete all parts of the form overleaf and return it to your leader as soon as possible.

Participants Name		
Group Name (the group that has made the booking)	Woodthorne Primary School	
Date of Visit	2-3 May 2019	
Home address:	Emergency contacts (name, relationship to child, phone number.)	1. 2. 3.

Please list any medical conditions, learning and behavioural needs that may affect activities below:
Please include any information or recommendations that may assist us in adapting our activities for the participants needs.

Doctor Name:	Address:	Tel:
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DIETARY NEEDS		TICK
Please let us know if your child has a specific dietary need	NONE	
	VEGETARIAN	
	VEGAN	
	NO BEEF	
	NO PORK	
OTHER - PLEASE STATE		

This form must be signed by a parent or legal guardian.

By signing this form:

- I confirm that I am fully aware of the risks involved in the activities and provide consent for the activities being undertaken.
- I have provided full, relevant information on medical conditions, learning and behavioural needs that may affect activities.
- I give permission for my child to receive emergency medical treatment if required.
- I give permission for my child to travel by coach or appropriately insured car (emergency only)
- I give permission for my child to receive paracetamol as needed in the event of illness or injury.

Signed _____ Date _____

Name _____ Parent/ Guardian

Name _____

Please could you indicate below the names of up to 4 friends, who are going on the Beaudesert residential visit, that your child would like to share a dormitory with. Obviously, we cannot guarantee who they will be sharing with, but will do our best to ensure they are with friends of their choice.

1. _____

2. _____

3. _____

4. _____