



13 November 2014

Dear Parent/Guardian

PENCELLI – June 2015

Every year, the school is allotted a week at the Wiltshire Outdoor Educational Centre at Pencelli. The Centre is located in the Brecon Beacons and the programme offers the opportunity for caving, climbing, canoeing, mountain biking and hill walking under the instruction of fully trained residential staff. The course requires no previous experience or knowledge of the activities and is suitable for all boys and may particularly benefit those who do not shine at team games. The Centre is very well organised, the food is good and all specialised clothing is provided.

The dates for the course will be Sunday 21 June to Friday 26 June 2015. The cost will be approximately £360.00 per pupil which covers food, accommodation and coach travel. All pupils will be covered by the schools insurance policy; further details of which can be located on the BWS website.

If you wish for your son to attend this trip, please make a deposit payment of £60.00 online via www.scopay.com, please log on via the school website link (see Internet Payment) and select the above activity (If you need a link code please email lbr@bws.wilts.sch.uk) Places will be offered on a first come first served basis.

The deadline for payment is Friday 30 January 2015. Please also complete and return the Indemnity form below.

There will be two further payments of £150.00 that will need to be paid by Wednesday 25 March and Friday 22 May 2015.

The Centre is limited to 60 places. In the event of over subscription, names will be drawn from those boys who have paid their deposit by close of school on 24 January 2014. If your son is unsuccessful in getting a place, then I will contact you to tell you which position he holds on the waiting list. I will not contact you if your son is successful. If you have any queries about this trip, please do not hesitate to contact me at the school.

Yours faithfully

Mr J Oldham
PE Department

BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM 4

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

NAME OF TRIP	PENCELLI		
DATE OF TRIP	JUNE 2015		
FULL NAME OF CHILD		TUTOR GROUP	9

Details of Journey/Visit:

Journey/visit to	PENCELLI OUTDOOR EDUCATION CENTRE, WALES		
From	Sunday 21 June 2015	To	Friday 26 June 2015

I agree to my son taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

MEDICAL INFORMATION

Does your son suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

Does your son have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

Has your son received a tetanus injection in the last five years?

If yes, please give date:-

Is your son allergic to any medication?

If yes, please give details:-

Please outline any special dietary requirements or food allergies of your son:-

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I agree for my son to be given the following medication if required:

Paracetamol	Yes	No	
Ibuprofen	Yes	No	
Imodium	Yes	No	
Rehydration sachet	Yes	No	

DECLARATION

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.

Yes	No
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If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from www.bws.wilts.sch.uk under Letters Home. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided

Yes	No
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CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY

Home Address	
Work Telephone No.	
Home Telephone No.	
Email address	

Please provide an alternative contact if you are not available

Name		Relationship	
Telephone No.			
Address			

Signed by
PARENT/GUARDIAN

Please Print Name	Date

**Please return to Mrs A Lloyd-Gilmour, School Trips Co-ordinator
Bishop Wordsworth's School, 11 The Close, Salisbury SP1 2ED**

A copy of this form will be taken by the leader of any offsite trip or activity.