



# Bishop Wordsworth's School

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**Website:** [www.bws-school.org.uk](http://www.bws-school.org.uk)

**Head Master:** Dr S D Smallwood BSc (Hons) PhD NPQH

9 March 2016

Dear Parent/Guardian

**Duke of Edinburgh Gold Training Expedition**  
**Brecon Beacons – Wednesday 6 April to Friday 8 April 2016**

The dates for the training expedition are Wednesday 6 April to Friday 8 April in the Brecon Beacons. We will be camping at Newcourt Farm, Felindre, Three Cocks, Brecon Beacons, Powys, LD3 OSS. Transport will be by school minibus. I will be overseeing the training, assisted by Mr Thorne and volunteer parent Mr Nute. We will leave school at 1500 on the Wednesday afternoon we should be back in school by about 1900 Friday evening, your sons will contact you with a more accurate time of return.

In order for your son/ward to undertake the expedition, we require you to complete the attached Medical Information and Parental Consent/Indemnity Form. The cost of the expedition will be £72.00. The cost covers transport, use of equipment, camp site fees. If your son wishes to borrow equipment he should come and see me as soon as possible. As with all school equipment borrowed the expectation is that the tents need to be returned **dry** and the Trangias **clean**, ready for the next expedition.

The boys will need to come prepared with food for the whole weekend. We plan to make a stop at the services for dinner on Wednesday evening. Although as part of their training they will be expected to cook on Trangias so will need to have food for breakfast, lunch and cooking a full meal on Trangias Thursday evening. Please complete and return the overnight indemnity form to the DofE box in Reception. A copy of the kit list can be found on the school web site. Your son/ward will be covered by the school's insurance during this trip; a copy of which is available on the school website. Please ensure that we have current emergency contact details and details of any medical conditions and that your son/ward takes all necessary medication with him on this trip.

Please make payment on-line via [www.scopay.com](http://www.scopay.com) by Tuesday 22 March 2016. If you need a link code please email [amh@bws.wilts.sch.uk](mailto:amh@bws.wilts.sch.uk) For further information on DofE, please contact Mrs Nute on [amn@bws.wilts.sch.uk](mailto:amn@bws.wilts.sch.uk).

Yours sincerely

T W Churchill  
DofE Co-Ordinator

Encs BWS Ed Visit Form 4  
Note for Participants

**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'.*

<b>NAME OF TRIP</b>	DUKE OF EDINBURGH GOLD AWARD – TRAINING		
<b>DATE OF TRIP</b>	Wednesday 6 April to Friday 8 April 2016		
<b>FULL NAME OF CHILD</b>		<b>TUTOR GROUP</b>	

**Details of Journey/Visit:**

Journey/visit to	BISHOP WORDSWORTH'S SCHOOL		
From	1530 HRS 06/04/2016	To	1900 HRS 08/04/2016

I agree to my son/ward 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/ward 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/ward during the trip.

**MEDICAL INFORMATION**

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

If yes, please give details:-

Does your son/ward 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/ward 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/ward received a tetanus injection in the last five years?

If yes, please give date:-

Is your son/ward 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/ward 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/ward 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-school.org.uk](http://www.bws-school.org.uk) under Parent Portal/Useful Documents. 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 DofE Box in the new Reception,  
Bishop Wordsworth's School, Exeter Street, Salisbury SP1 2ED**

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