Pendle Community High School & College

Rated **Outstanding** in all areas Ofsted 2017

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Headteacher: D Grogan
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Asst. Headteacher: J Chatburn

7th September 2021

Dear Parents/Carers

Forest School at Boothman Park

Your child has been invited to attend a Forest School programme at Boothman Park. The sessions will be in school time every Tuesday until the end of term. The dates for the sessions are:

- 14th September
- 21st, September
- 28th September
- 5th October
- 12th October
- 19th October

Your child should come to school in clothing suitable for spending the morning outdoors and clothes you do not mind getting dirty. Forest School takes place in all weathers and in order to get the most out of the session, it is essential children are dressed appropriately. Attached is a guide to dressing for the outdoors. Please bring a change of clothes for when they return to school.

Please return the attached slip giving your permission and the attached form with up to date medical information.

Yours sincerely,

R. Matthews

Rhiannon Matthews
Forest School Leader

-✂--

Forest School at Boothman Park

Student name: _____

☐ I give consent for my child to go the Forest School at Boothman Park

☐ I have completed and returned the requested medical form

Signed: _____

What to wear to Forest School in the Winter

The sessions will run in all weathers except high winds. Layers are key to dressing for the outdoors, they can be removed if somebody gets too hot but it is harder for the body to stay warm once they are already cold. These clothes might get dirty so please ensure they are old or washable.

Step 1

 A base layer - leggings, joggers or even pyjamas will do
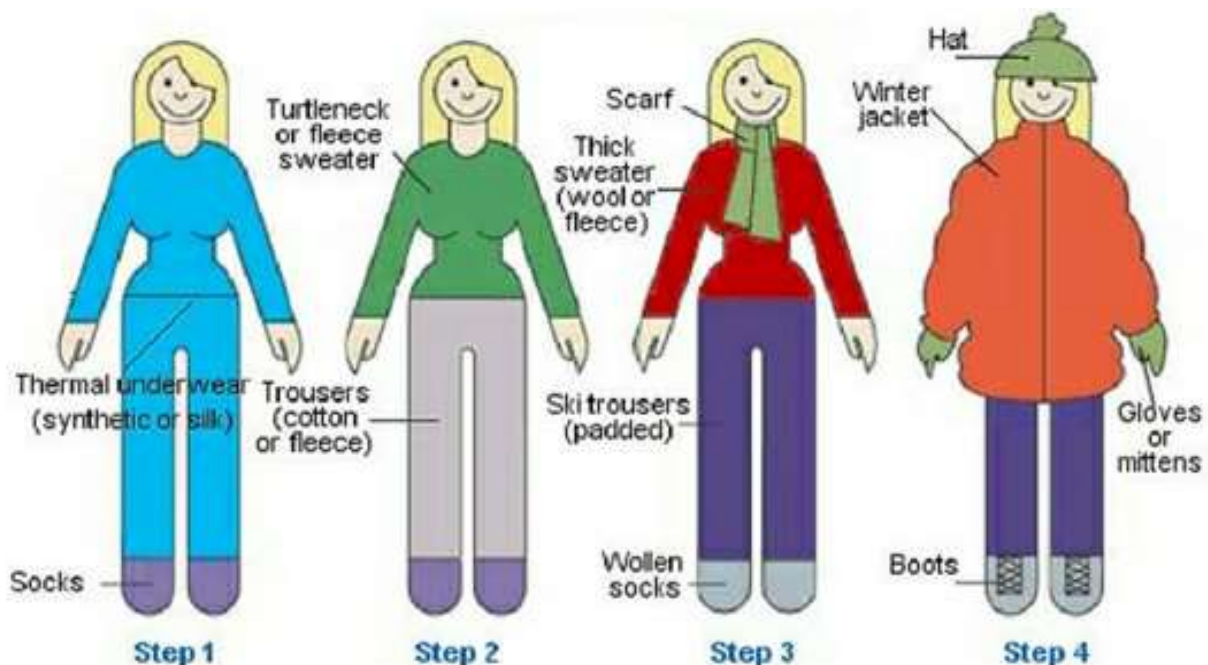
Step 2

Trousers, a long sleeve Tshirt.

Step 3

Waterproof trousers if possible, a thick jumper or fleece.

Step 4

Waterproof and warm coat, thick socks or 2 pairs of socks, hat, gloves, scarf. Boots or wellies are ideal as the ground will be muddy.

PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM
FOR TYPE B EDUCATIONAL/OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES
(This form is be completed in full by the parent/carer and returned to the School/ Centre)

1. **DETAILS OF VISIT**
   Visit to:

   Alternative Activity (Plan B):

   From**:**   (date/ time)   To: (date/time)

   Child's name: ……..……….………………………........ Date of Birth: …………................…….. Form/class:

   …………….

   I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/organisation reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/centre with any medical information or changes to emergency contact details.

   S/he is capable of swimming 25 metres unaided   Yes/No

2. **EMERGENCY DETAILS**
   a) I may be contacted by telephoning the following telephone number(s):

   Home: (……….) …...……………………………Work: (………..)

   ……………..………………….............……....………………..

   Mobile Telephone no:

   …………………………………………………………................……………………………

   Name & Address:

   ……………………………………………………................……………….……………………

   ……………………………………………………………………….……….……………………....................…….

   b) Please state an alternative contact point: - Telephone number: (…………)

   ………..…............……………………….

   Name & Address of Contact:

   ……………………………………………………………..............……………

   ………………………………………………………………………………………….................………………...

   Child's Health Service details: - Medical card number:

   …………………..............………...………………………………………

   Family doctor (Name, address and telephone number):

   ………….................…………………………….......…………..

   ………………………………………………………………………… (………..)

   …………..................………….

3. **MEDICAL INFORMATION**
   a) **Does your child suffer from any of the following conditions?**

Asthma	Yes/No	Bronchitis	Yes/No
Chest Problems	Yes/No	Diabetes	Yes/No

Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No		

If **'YES'**, to any of the above, please provide details: …………………………….…………………………..

………………………………………………………………………………………….………………….……

Epilepsy Yes/No	If **'Yes'**,

a) What specific epilepsy syndrome has been diagnosed for your child? ……………………………

b) What is the pattern of any seizure? …………………………………………………………………

(Please cross out the **'Yes'** or **'No'** which does not apply)

b) Does your child suffer from any other condition requiring medical treatment, including medication?
Yes/No

If '**YES**', please provide details:

……………………………………………………………………….……………….........……….

c) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?   Yes/No

If '**YES**', please provide

details:...

....

.....

d) Has your child been immunised against the following diseases?

Poliomyelitis	Yes/No	Tetanus (lock jaw)	Yes/No

If **'YES',** to tetanus, please give date if known

……………………………………………………...…………

e) Is your child taking any form of medication on a regular basis?   Yes/No

If '**YES',** please give full details, indicating the type of medication and dosage.

………

………

……..

> **Please ensure that your child has adequate supplies of medication and dosage for the whole visit.**

f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?   Yes/No

If **'YES'**, please give full details:

………………………………………………………………………………………..

g) In the case of a residential course, does your child have any: (please give the details).
  ➢ Special Dietary needs?
    …………………………………………………………………………….............…
  ➢ Any childcare needs?
    …………………………………………………………………………….............…

h) Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect the full range of activities in this event:

……………………………………………………………………………......………………………………………
…..

……………………………………………………………………………….............……..……………
…..

4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School/Centre.

5. DECLARATION BY PARENT/CARER

  ➢ In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

- ➢ I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- ➢ I consent to my child taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- ➢ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ➢ I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Centre prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES.
RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS.
COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/CENTRE.

Signature of Parent/Carer …………………………………...............……………

Date…………………………………

(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carer in **BLOCK LETTERS**:

…………………………………………………….................………….………….

Address:

……………………………………………………………….................……………………………………………

……………………………………………………………………………………………….................…………

…….

NOTE: THIS COMPLETED FORM TO BE RETURNED TO PCHS & C. THANK YOU.

In the case of the applicant being 18 years of age and above, the following must be read and signed:
I declare the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.

Signed ……………………….......…………………………………………... Date

…..................……………………………………