



May 2018

Dear Parents/Carers

Year 10 Geography Fieldtrip

As part of the GCSE Geography course, your child has to undertake a fieldtrip, covering both human and physical aspects of Geography and will use the information from the day for one of their Geography exams. This is therefore an essential part of the course and all Year 10 Geography students need to attend.

The students will be going to Swanage Bay for their fieldtrip with the Geography department on the 13 June 2018. The students will be travelling by coach from the school, leaving at 8.30am and will return to school at approximately 5.00pm, depending on traffic. We recommend that students bring a packed lunch with them but there should be an opportunity to buy food during the day. Students with free school meal entitlement will be provided with a packed lunch by the school kitchen.

The trip is a compulsory requirement; the department will not be requesting any contributions. The trip will be paid for by the school.

As the weather can be unpredictable, and the students will be working on the beach, we recommend that all students bring suitable clothing (including waterproofs and/or sun protection if necessary) and appropriate footwear for the day. School uniform is not required. The programme of the day is outlined below.

8.15am – Meet in D4
8.30am – Depart The Hamble School via coach
10.30am – Arrive at Swanage Bay
10.30am – 11.00am – Introduction/Preparation and Risk assessment
11.00am – 12.30pm – Students complete the Physical fieldwork
12.30pm – 1.00pm – Lunch.
1.00pm – 2.30pm – Students complete the Human fieldwork
2.30pm – 3.00pm – Evaluation/Review
3.00pm – Depart Swanage Bay via coach
5.00pm – Arrive at The Hamble School. Dismiss students.

If you have any further questions then please feel free to contact me at gwhitworth@thehambleschool.co.uk

Yours sincerely

Mr G Whitworth

Curriculum Leader: Geography

If, at any time, you should require special arrangements to be made when visiting the school and/or in order to participate fully in supporting your child at school (e.g. an accessible venue for meetings, if you are a wheelchair user, assistance with translation of documents or enlarged copies of communications etc.), please do not hesitate to let us know.

www.thehambleschool.co.uk

T: 023 8045 2105 • F: 023 8045 7439 • general@thehambleschool.co.uk

Headteacher: Ms L Croke, B.Ed (Hons) MA NPQH

Please return to Finance Office by Monday 4 June

Geography Fieldtrip to Swanage Bay

- I give permission for my child to participate in the above fieldtrip on Wednesday 13 June 2018
- My child is in receipt of free school meals

Students Name _____ Tutor Group _____

Parent/Carer Signature _____ Date _____

Personal Details of Participant

First Name: _____ Surname: _____ Mobile: _____

Date of Birth: ___ / ___ / ___ Age: _____ Male / Female (delete as appropriate)

Address: _____

Post Code: _____

Next of Kin – name and address during the activity (if different from above) _____

Contact Numbers – Home: _____ Work: _____ Mobile: _____

Any special dietary requirements: _____

Medical Information

Name and address of participant’s Doctor: _____

Telephone Number: _____ NHS Number (if known): _____

Has the participant had or have any of the following? *Where ‘YES’, please give specific details overleaf.*

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness or sleepwalking	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

Is the participant receiving -

Support and/or treatment for mental health from their counsellor or Doctor? Yes No

Medical or surgical treatment of any kind from their Doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to any of these questions is Yes, please give details overleaf (including name and dosage of any medicines/tablets)

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Consent for the Visit

I confirm that I have parental responsibility for _____

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in the visit information and I am aware of the insurance synopsis available for viewing in school / the Establishment. In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader.

Print name here: _____

Signed by person with parental responsibility for participants under 18 years of age.

Print name here: _____

Signed by participant if aged 18yrs and over.

Date: _____

