



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 15 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 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](mailto: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](http://www.thehambleschool.co.uk)

T: 023 8045 2105 • F: 023 8045 7439 • [general@thehambleschool.co.uk](mailto:general@thehambleschool.co.uk)

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

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*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 Friday 15 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: \_\_\_\_\_

**Consent for water sports**

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and **I do not** consent to their involvement in water sports

**Any Additional Medical or Special Needs Information**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Image Consent - Note to visit leaders**

Schools should already have Image Consent in place as part of their enrolment procedures. All other HCC groups - Photography, video and multimedia consent can be obtained by the use of an additional form found on this webpage-

<http://intranet.hants.gov.uk/corporatecommunications/brand/cc-imagesofpeople/cc-images-consentforms.htm>

Consent must be obtained if you intend to use images of identifiable young people and adults.

There are several different forms - please make sure you choose the correct form for your group – HCC school groups or HCC non-school groups. Non HCC groups may also use these form, but should consult their own policies relating to such consent

