



Wath Academy

Our Ref: JTH/BHA

22 May 2023

Dear Parent / Carer,

SKI VISIT – March 30 – 07 April 2024, Sestriere, Italy

It is proposed to hold a week's skiing visit to Sestriere, Italy in the first week of the Easter holidays 2024, departing on Saturday 30 March and returning on Sunday 7 April.

There are 50 places available for this visit, limited to students from current Y7, Y8, Y9 and Y11.

The visit is an 'optional extra' under the 1996 Education Act and the Maltby Learning Trust is allowed to make a charge in full. The visit will cost **£1,299.00**. If there are insufficient students to make the activity/trip viable, then the trip will be cancelled and a full refund will be given.

The cost of trip includes the following:

- All travel to and from the academy to the resort, by coach, including channel crossing
- Hire of skis, poles, boots & helmet
- Daily skiing lessons by qualified instructors (5hrs per day)
- Full board accommodation
- Six full days lift pass
- Comprehensive insurance
- Basic Apres-ski activities in the evening.

If you would like your son/daughter to take part in this visit, please complete the attached permission slip and ask your child to return it **Mr Thompson in the PE Office by Friday 30 June 2023**. Please also make payment online using the ParentPay facility. First deposit of **£100.00** should be made before **Friday 30 June 2023**. If you have any difficulties accessing your ParentPay account, or need a reminder of your User ID, please contact reception on 01709 760222 or email enquiries@wathacademy.com

Further details of the payment schedule are as follows: 2nd deposit of **£250.00** to be paid before **Friday 21 July 2023**. 3rd deposit of **£300.00** is due before the **08 September 2023**. Final balance of **£649.00** is due 10 weeks before departure, by the **14 January 2024**

Please note that payment of deposit and giving consent does not automatically guarantee acceptance on the visit. This is dependent on student behaviour, attendance and investment in learning. Final confirmation will be sent to parents/carers following the payment deadline. Unsuccessful applications will be refunded. Please note: in the event of your son/daughter withdrawing from the visit, deposits will only be returned when any costs incurred by the academy have been deducted.

If you have any further questions about this, please do not hesitate to contact me at the academy.

Yours sincerely

Mr J Thompson
Visit Organiser

Sandygate, Wath-upon-Deerne, Rotherham, S63 7NW
T: 01709 760222

E: enquiries@wathacademy.com
W: www.wathacademy.com

Principal: Mr L Ransome

WATH ACADEMY – PARENT/CARER CONSENT FOR AN EDUCATIONAL VISIT

Please print clearly and use additional pages if required



Visit to: **Sestriere, Italy**
From: **Saturday 30 March 2024**
To: **Sunday 7 April 2024**

1. Student's Details

Full name: _____
Date of birth: _____
Home address: _____

2. Emergency Contact Information

a) Emergency Contact 1:

Name of contact: _____

Relationship to student: _____

Address: _____

Contact telephone numbers:

Mobile: _____

Home: _____

Work: _____

b) Alternative emergency contact:

Name of contact: _____

Relationship to student: _____

Address: _____

Contact telephone numbers:

Mobile: _____

Home: _____

Work: _____

c) Doctor's Information

Name of student's doctor: _____

Doctor's telephone number: _____

Doctor's address: _____

3. Returning Home After the Visit

The student will be collected from school by: _____

The participant will be returning home by: _____

4. Swimming Ability and Water Confidence (for activities in or near water)

Please describe the student's swimming ability: _____

Is the participant water confident with regard to the proposed activity? Yes No

5. Student's Medical Information

a) Does the student suffer from any conditions or have additional requirements which the visit leader needs to be aware of for example: medical conditions including any condition and previous injuries, that may restrict, or be aggravated by, physical activities; learning difficulties; emotional or mental health issues; illness; allergies; night-time tendencies (sleepwalking, bedwetting, nightmares); travel sickness etc?

Yes No

If Yes, please provide details: _____

b) Does the student take medication? Yes No

If Yes, please give details, including how medication is administered, details of medication, timing, dosage and any side effects the medication may have:

c) If the student has been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication do you agree to the use of an emergency salbutamol inhaler?

Yes No

d) Please outline any special dietary requirements of the student:

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

Yes No

If Yes, please give details: _____

g) Is the student allergic to any medication? Yes No

If Yes, please specify: _____

h) When did the student last have a tetanus injection? _____

6. Coronavirus

a) Is anyone in the household or support bubble currently required to isolate by NHS Test and Trace?

Yes

No

If yes when does the 14-day isolation period end: _____

b) Is anyone in the household or support bubble currently showing symptoms of coronavirus (a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste)?

Yes

No

c) Has anyone in the household or support bubble tested positive for coronavirus in the last 14 days?

Yes

No

If yes please provide date when the symptomatic person first had symptoms: _____

7. Declaration

I consent to my child/child in my care (named above) taking part in this visit. I have read and understood the information provided including the risks involved and the detail regarding supervision and the extent and limitations of the insurance provided. I declare that I have answered all the above questions to the best of my ability and have not knowingly withheld any information regarding physical fitness, emotional or mental health issues.

I will inform the Visit Leader/Principal as soon as possible of any changes in medical or other circumstances between now and the start of the visit.

I acknowledge the need for my child/child in my care to behave responsibly.

I agree to my child/child in my care receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Yes

No

I understand the transport arrangements for this visit (*including, if applicable, involving travelling in other people's or staff cars*) and my child/child in my care understands the need to wear a seatbelt.

I hereby give permission for the student to receive, if necessary, the following proprietary medications, at a dose appropriate to their age, to alleviate these complaints:

- | | |
|-------------------------------------|-----------------------------------|
| 1. For colds causing congestion | Decongestant lozenge (e.g. Tunes) |
| 2. For headache/period pains | Paracetamol or Calpol |
| 3. For insect/plant bites or stings | Proprietary spray or cream |
| 4. For sore lips | Lip Salve or Vaseline |
| 5. For sun protection | Sunscreen |

Please list here any activities which your child/child in your care cannot participate in: _____

Signed (Parent/Carer): _____ Date: _____

Parent/Carer Full Name (in capitals): _____