

20/03/2023

**Silver DofE Practice Expedition**

Dear Parents and Carers,

As you will know, all DofE students are required to do both a practice and qualifying expedition. The practice expedition is on the 12th, 13th and 14th of May.

We will meet students near The Peacock, Rowsley, at 8am. Day 1 students will make their way to Mandale Farm Campsite, just above Lathkill Dale where they will camp. Day 2 students will hike to Shallow Grange Farm, Taddington to camp. The final day we expect to finish at Monsal Head at approximately 4pm, on Sunday afternoon; we will get students to update you later on Sunday afternoon. Please make arrangements for transporting your child to the start on the Saturday morning and home on the Sunday afternoon.

For the qualifying expedition, it will be held on the 21st, 22nd and 23rd of June. More details will be sent out following successful completion of the practice expedition.

The second payment of £50 is due before 17th of April and as previously mentioned, the cost covers our DofE centre licence, individual registration fee, campsite fees, expedition instruction/supervision and essential equipment that we provide to all students (tents, stoves etc).

We welcome your support in ensuring that your son/daughter attends all meetings and is logging their evidence on eDofE. We understand that people are busy, but Thursday afternoon meetings are essential, as students need to prove that they can produce a route card for their qualifying expedition without any input from DofE leaders. A reminder that students need to complete TWO award sections in order to take part in the qualifying expedition.

Please complete and return the attached 'Parental consent for visit form' that will be used for both expeditions. Once this is returned, you must notify us of any further changes in relation to medical or contact details prior to the expeditions. Please also let me know if you need further clarification of any details relating to the trip.

Yours faithfully

Mr S Lye

**Duke of Edinburgh Manager**



# PARENTAL CONSENT FOR A VISIT

Including consent for swimming activities or activities where being able to swim is essential

(To be distributed with an information sheet giving full details of the visit)

Student name: ..... Form: ..... Date of Birth: .....

1. Details of visit to: \_\_\_\_\_

From: \_\_\_\_\_ Date/Time: \_\_\_\_\_ To: \_\_\_\_\_ Date/Time: \_\_\_\_\_

I agree to ..... (name) taking part in this visit and have read the information sheet.

I agree to ..... 's participation in the activities described, including swimming.

I acknowledge the need for them to behave responsibly.

## 2. PRIMARY CONTACT INFORMATION

Name: .....

Address: ..... Home Telephone N<sup>o</sup>: .....

..... Work Telephone N<sup>o</sup>: .....

..... Mobile N<sup>o</sup>: .....

### Other Emergency Contact

Name: ..... Telephone N<sup>o</sup>: .....

Address: .....

.....

## 3. FOR RESIDENTIAL VISITS AND EXCHANGES ONLY

• To the best of your knowledge, has your son/daughter 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 brief details: \_\_\_\_\_

• Is your son/daughter allergic to any medication? YES  NO

If YES, please give brief details: \_\_\_\_\_

• Can your child swim? YES  NO  How far? \_\_\_\_\_

• Is your child water confident in a pool? YES  NO

• Is your child safety conscious in the water? YES  NO

I confirm that my child is in good health and I consider him/her fit to participate.

Please sign here: \_\_\_\_\_

• When did your son/daughter last have a tetanus injection? \_\_\_\_\_

### MEDICAL INFORMATION – Part One

1. Any conditions requiring medical treatment, including medication? Yes  No

Please give brief details of the condition: \_\_\_\_\_

2. Please outline any special dietary requirements of your child: \_\_\_\_\_

## MEDICAL INFORMATION – Part Two

THIS PART TO BE COMPLETED BY PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF ADMINISTER.

Name of child: ..... Date of Birth: .....

Address: .....

.....

..... Postcode: .....

School: .....

Doctor's name and Surgery address: .....

.....

..... Telephone N<sup>o</sup>: .....

Non-prescribed medicines - My child requires the following non-prescribed medicines: -

_____	_____
_____	_____
_____	_____

Prescribed medicines - The Doctor has prescribed the following for my child:-

Child's name: ..... can/cannot\* administer their own medication;  
does/does not\* require supervision/assistance\* in administering their own medicine. (\* delete where applicable)

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

*I will inform the Group Leader/ Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.*

## DECLARATION

I agree to my son/daughter 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. I understand the extent and limitations of the insurance cover provided.

Signed: ..... (Parent/Carer) Date: .....

Full name (capitals): .....

**This form or a copy must be taken by the Group Leader on the visit and a copy should be retained by the school contact.**