



KING EDWARD VI HANDSWORTH SCHOOL

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1ST November 2011

Dear Parent / Guardian

November 14th 2011: Year 10 Personal Development visit to Ministry of Defence, Stafford

As part of the school's activity day on November 14th 2011, the PSHCE Department has an exciting opportunity to take Year 10 girls to the MOD at Stafford for a Personal Development Day.

The day will give them the opportunity to practise their communication and problem-solving skills and participate in a Trim Trail, careers talk and paintball, as well as completing an inflatable assault course. Girls will register as normal and then leave at approximately 8.45am. They will return to school by 4.30pm. Girls will need to bring a packed lunch and a drink, as there is no shop on site. They will need to wear loose clothing, as described on the consent form and stout trainers. They will also need a change of top for the journey home.

The cost of the trip is £8.00 to cover transport. Please pay and consent by Parentpay. Consent forms from the MOD must be returned to the school office by **Friday 4th November**.

The school can provide financial assistance towards trips for families on low incomes. Please contact the school office for further information.

Yours faithfully,

Dr C Harper
Head of Personal Development and Guidance

Headmistress: Dr Elspeth V. Inch
OBE C Geog Hon D Sc B Sc Dip Ed M Phil FRGS FRSA

King Edward VI Handsworth School a charitable company limited by guarantee, registered in England and Wales, company number 7656363. Registered office: as above.



PLEASE READ THE FOLLOWING IN FULL AND SIGN TO GIVE YOUR CONSENT AT PARA 13 BELOW.

THIS FORM IS TO BE COMPLETED IN FULL AND SIGNED BY THE PARENT OR GUARDIAN OF THE PERSON NAMED IN PARAGRAPH 1 BELOW AND RETURNED TO CAPTAIN RJ HARRIS TO BE CHECKED AND APPROVED PRIOR TO ANY OF THE ACTIVITIES COMMENCING

1. I hereby give permission for:

.....(Name in full)

Date of birth: attending: School to carry out the activities detailed above.

2. I confirm that there are no known medical reasons why the person named in paragraph 1 above should not participate in all of these activities.

3. I am aware that the Army can not allow individuals to participate in the above activities who:

a. Suffer from Asthma¹ or are diagnosed with ADHD.

b. Have a current injury or receiving medical treatment that prevents them taking part in physical activity².

4. In the event of illness or injury requiring any medical attention, I authorise the provision of any required medical treatment as deemed necessary by the Service or Civilian medical attendants, for the person named in paragraph 1 above. In the event of this occurrence I will be notified as soon as possible. I understand that if the person named in paragraph 1 above is over 16 he/she may decide whether to accept the medical treatment offered. With the exception of an Armed Service Medical Officer, Army Personnel can not be responsible for administering or supervising the administration of any medication.

5. MINISTRY OF DEFENCE PUBLIC LIABILITY STATEMENT

a. The Ministry of Defence (MOD) will deal with any common law claim for compensation on the basis of legal liability to make payment, which is to say any claim that arises due to the negligence of the MOD, its servants or agents. Any such claim should be forwarded by the Region/A &SD in the **first** instance to the Directorate listed below and copied to HQ RG SO2 Rec Ops Contacts:

Ministry of Defence, Directorate of Business Resilience, Common Law Claims & Policy, Public Liability Team, Level 1, Zone 1, MOD Main Building, Whitehall, London, SW1A 2HB

b. The MOD does not purchase public liability insurance, but accepts its own risks and acts as its own insurer; consequently our cover is without financial limit.

b. The MOD has no legal liability to deal with claims for injuries resulting from pure accident or 'Act of God'. Therefore you may wish to consider personal accident insurance.

¹ Not applicable when there are no physical activities programmed (delete).

² As ¹.

6. I acknowledge that:

a. Photographs may be taken for use in official military publications of participants, including recruiting material, on visits to the Army.

***I Do/ *Do Not** (*delete as applicable) give consent for such photographs to be used for these purposes

7. The Army will not be held responsible for the person named in paragraph 1 above while travelling to the activity unsupervised on public transport. The Army shall only accept responsibility for the person named in paragraph 1 above, once the authorised Army representative has met them at the pre-arranged place and time. Those returning home via public transport are considered to be in the care of the Army until the point at which they board the pre-arranged transport home or at the point of collection.

8. In the event of injury or illness resulting in the person named in paragraph 1 above needing to return home, it is the responsibility of the school/college/organisation or parent for their collection.

9. In the event of the person named in paragraph 1 above behaving inappropriately resulting in dismissal from the course/activity/visit, either the school/college/organisation or parent/guardian will be responsible for collection at the mutually agreed time and place.

10. Details of the Doctor where the person named in paragraph 1 above is registered:

DOCTORS DETAILS

NAME OF DOCTOR:

SURGERY DETAILS:.....

TEL NO:.....

These details are required in case of a medical emergency.

10. Consent Details:

Full Name (*Block Capitals*):

Relationship:

Address:

.....

Contact Tel No's: Home:.....

Work:

Mobile:

Signed: **Date:**

11. Contact Details during the Activity:

Please ensure that the contact details provided below are of a suitable person who will be available during the entire duration of the activity and can take responsibility for the person named in paragraph 1 above. Wherever possible, a second contact should also be provided:

First Contact (*in case of an emergency*):

Full Name (*Block Capitals*): Relationship:

Contact Tel No's: Home:..... Work: Mobile:

Contact Address:

.....

Second Contact (*in case of an emergency*):

Full Name (*Block Capitals*): Relationship:

Contact Tel No's: Home:..... Work: Mobile:

Contact Address:

.....

In accordance with the Data Protection Act 1998, the ministry of Defence will collect, use, protect and retain the information on this form in connection with all matters relating to personnel administration and policies.