



# St. John's CE Primary School

Growing and learning together  
Sharing the love of God

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27<sup>th</sup> May 2021

Dear Parents/Carers

## Year 4 Weymouth Outdoor Education Centre (WOEC) – 16<sup>th</sup> June 2021

We are excited to be visiting Weymouth Outdoor Education Centre (WOEC) on Wednesday 16<sup>th</sup> June 2021 where the children will be taking part in a range of onsite activities including climbing, orienteering, exploring the indoor caving system and a team challenge. This is a fantastic opportunity to use the local area and 'have a go' at some different activities.

We will be leaving school at approximately 9am and departing WOEC at 4.30pm. All children must be collected from the school office. Please be aware that the college gate is now locked from 3.30pm and the Lodmoor gate is currently not in use. Please use the main entrance via Coombe Avenue. The one-way system will not be in place at this time however can we please ask that you wear a face covering and maintain social distancing from other families collecting their child. Thank you.

If you have not yet booked and paid for your child's place, please go to 'Quick Actions', click on 'Trips' and select 'Year 4 WOEC'. To secure your child's place, please make payment of £26 as soon as possible. The preferred method of payment is by Debit Card via the Arbor App. If your child will not be attending, they will be expected to attend school as normal and they will join a different class for the day.

### What your child will need:

- A packed lunch, if your child has a free meal entitlement or if you have already ordered a hot meal for this day then Food Links will provide a packed lunch option.
- A filled water bottle, clearly named.
- Sun hat, sun glasses & sun cream (weather dependant).
- Any medication that is needed, should be handed to the class teacher or TA in the morning, clearly named.
- As a rule the colder it is the more layers you will need and the hotter it is the more you will need to protect yourself from the sun.
- Please avoid wearing jewellery as it may snag on something when doing some of the activities.
- Please DO NOT bring valuables to WOEC. WOEC does not have insurance to cover the loss or theft of personal items.
- Wear shoes with laces or Velcro. DO NOT WEAR CROCS, FLIP FLOPS, OPEN-TOED SHOES or HEELED SHOES.
- Wear old, loose fitting, comfortable clothing that is easy to move about in. You need to be wearing clothes that you do not mind getting dirty and possibly wet. Don't wear your newest smartest clothes. Trousers/shorts are better to wear than skirts
- Dress for the weather (lots of layers if it is cold).
- Bring waterproof jacket and trousers if you have them.

Please complete the attached consent form and return it to your class teacher/TA by Friday 11<sup>th</sup> June, ***please note: your child WILL NOT be able to take part without a completed consent form. Thank you.***

Yours faithfully,

Mrs Lucy Crouch  
PE Subject Leader

Miss Mansell  
Year 4 Teacher



Diocese of Salisbury  
Academy Trust  
*'Beyond expectations for all of God's children'*

**Establishment name: St John's Primary School**

**PARENTAL CONSENT FORM (for children and young people under the age of 18)**

The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed event.

**DATA PROTECTION**

We store, use and manage your data and information whether on paper or electronically, in a secure way. Information will only be shared with relevant third parties to ensure client safety during your visit, for example the emergency services. We will keep your information for as long as required in order to fulfil our duties.

Our Data Protection Officer (DPO) makes sure we protect your information; that we respect your rights and follow the law. If you have any concerns or questions about how we take care of your personal information please contact the DPO by email at [data.protection@dorsetcouncil.gov.uk](mailto:data.protection@dorsetcouncil.gov.uk) or phone 01305 225175.

**DETAILS OF PROPOSED EVENT**

**Event:** Year 4 - Weymouth Outdoor Education Centre (WOEC) on Wednesday 16th June 2021.

**Any additional information:** A range of onsite activities including climbing, orienteering, exploring the indoor caving system and a team challenge.

**ACKNOWLEDGEMENT OF RISK**

This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety, all participants need to take responsibility for their own health and safety and to behave reasonably at all times during the event. They must take direction from any leader and follow all instructions or guidance given.

Details of planning and risk assessment are available on request.

**CHILD OR YOUNG PERSON'S DETAILS**

Full name: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In an emergency I can be contacted:      Email: \_\_\_\_\_      Mobile: \_\_\_\_\_  
Home Tel: \_\_\_\_\_      Work Tel: \_\_\_\_\_

If unavailable contact:      Email: \_\_\_\_\_      Mobile: \_\_\_\_\_  
Home Tel: \_\_\_\_\_      Work Tel: \_\_\_\_\_

Our family doctor is:      Name: \_\_\_\_\_  
Doctor's telephone number: \_\_\_\_\_      Surgery: \_\_\_\_\_

### MEDICAL INFORMATION

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep your child safe.

### MARKETING & PROMOTION

I consent for my child to have their photograph taken for use solely by WOEC for marketing and promotion.  
Y / N

### SWIMMING ABILITY FOR WATERSPORTS

**Only complete this section if the activity programme includes water sports.**

The child/young person named at the head of this form can swim, at a minimum, 5 – 10 metres and is confident in the water. **YES/NO**

If **NO** please supply information on swimming ability:

### CONSENT DECLARATION

I, being the parent/guardian of the child/young person named at the head of this form, have received full details of the event, am satisfied with the arrangements and give consent for him/her to take part in the proposed event.

I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.

Any other information that may affect the safety of my child or any other persons, and/or the organisation of the event, has been provided to the organiser.

**Print Name:**

**Relationship to child/young person:**

**Signature:**

**Date:**