

Dear Parents/Carers

Headteacher: Amanda Aze

Chair of Local Advisory Board: Vivien Sloan

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Tel: 01305 785711 26<sup>th</sup> April 2024

# Year 5 Weymouth Outdoor Education Centre (WOEC) - Tuesday 11th June

We are excited to be visiting Weymouth Outdoor Education Centre (WOEC) on Tuesday 11<sup>th</sup> June where the children will be taking part in a range of onsite activities including climbing, archery, low ropes and exploring the indoor caving system. This is a fantastic opportunity to use the local area and 'have a go' at some different activities.

All children will need to be dropped off at WOEC at 9.25am ready for a 9.30am start and will need collecting from WOEC at 4.30pm. Please complete the permission slip attached regarding the collection of your child at the end of the day.

If you have not yet paid for your child's place, please go to 'Quick Actions', click on 'Trips' and select 'Year 5 WOEC Trip' as soon as possible. The preferred method of payment is by Debit Card via the Arbor App.

## 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.
- An extra snack for the afternoon.
- 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 WOEC Consent Form and return it to your class teacher/TA by Friday 24<sup>th</sup> May, *please* note: your child WILL NOT be able to take part without a completed consent form. Thank you.

Yours faithfully,

Miss Jessopp Year 5 Teacher Mrs Lucy Crouch
PE Subject Leader



Please complete and return to the class teacher or TA by Friday 24 <sup>th</sup>	May. Thank you.
Child's Name:	
My child will be collected from WOEC at 4.30pm by	
Signed:	Date:
Print: Parent/Carer	
<u>Year 5 Weymouth Outdoor Education Centre (WOEC) – Tuesday 13</u> Please complete and return to the class teacher or TA by Friday 24 <sup>th</sup>	
Child's Name:	
My child will be collected from WOEC at 4.30pm by	
Signed:	Date:
Print: Parent/Carer	
<u>Year 5 Weymouth Outdoor Education Centre (WOEC) – Tuesday 12</u> Please complete and return to the class teacher or TA by Friday 24 <sup>th</sup>	
Child's Name:	
My child will be collected from WOEC at 4.30pm by	
Signed:	Date:
Print: Parent/Carer	
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Child's Name:	
My child will be collected from WOEC at 4.30pm by	
Signed:	Date:

Year 5 Weymouth Outdoor Education Centre (WOEC) – Tuesday 11<sup>th</sup> June 2024

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 or phone 01305 225175.

### **DETAILS OF PROPOSED EVENT**

Event: Year 5 - Weymouth Outdoor Education Centre (WOEC) on Tuesday 11th June 2024

**Any additional information:** A range of onsite activities including climbing, archery, low ropes and exploring the indoor caving system.

#### **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:	Sur	gery:	

MED	DICAL INFORMATION
This information helps us to keep your child sa	and illnesses and any treatments required to maintain health. fe.  ETING & PROMOTION
I consent for my child to have their photograph Y / N	n taken for use solely by WOEC for marketing and promotion.
SWIMMING	ABILITY FOR WATERSPORTS
Only complete this section if the activity prog	ramme includes water sports.
The child/young person named at the head of confident in the water. <b>YES/NO</b>	this form can swim, at a minimum, 5 – 10 metres and is
If <b>NO</b> please supply information on swimming	ability:
CON	SENT DECLARATION
	g person named at the head of this form, have received full ngements and give consent for him/her to take part in the
	cy medical treatment, including anaesthetic, as considered all the need arise. I have provided detail of all medical quired to maintain health.
Any other information that may affect the safe of the event, has been provided to the organis	ety of my child or any other persons, and/or the organisation er.
Print Name:	Relationship to child/young person:
Signature:	Date: