

3rd July 2024

Dear parent / carer,

I'm pleased to let you know that your child has met the sectional threshold agreed upon at the beginning of the Duke of Edinburgh program, and will be able to take part in next month's Duke of Edinburgh Bronze expedition, from **Friday 12th of July to Saturday 13th of July.**

The Expedition section involves your child working as part of a small team to plan their expedition's goal, map their route, and ensure they are fully prepared before spending two days and one night in the countryside.

The expedition will run from Friday, 12th of July where they will set out from Fearnhill School in the morning after registration, until the mid afternoon on Saturday 13th of July, after one night camping away at the Guides Camping Centre in Cottered, just outside Buntingford. The students will be walking unattended on a route which they have mapped out from Fearnhill School to Cottered, approved and checked by the teachers. Staff will be positioned at strategic points along the route to ensure their safety, whilst allowing them to retain their independence.

The tents, cooking equipment, and the rucksacks will be provided by the school. Students will need to provide their own food for Friday lunch and dinner, as well as Saturday's breakfast and lunch. If your child does not have a sleeping bag and ground mat, we strongly recommend this is purchased from a suitable retailer, such as Mountain Warehouse on the A1 Retail Park just outside Biggleswade.

Students may wear their own clothes but must be suitable for both days, including sensible shoes and a coat. Footwear must be suitable for walking some distance. Wet weather gear is advisable even if the day is forecast sunny and a few layers of warm clothes are better than one thick jumper. They will also require overnight provisions such as toothpaste, their toothbrush, and anything else they may require. Students have been briefed on what items they should bring and will be reminded ahead of the trip.

As this is a residential trip, you will need to complete the attached form and return to the school by Sunday 7th July 2024 for your child to be able to participate in this overnight stay.

We look forward to an enjoyable trip where we expect the same high standards of behaviour as in School. The School reserves the right to withdraw any student at any time, if they have behaviour issues in accordance with our policy.

We thank you for your support during this program, and hope you continue to support your child in seeing the Bronze Award through until the end.

If you have any questions, please do not hesitate to contact me via email nicholas.fowler10@fearnhill.herts.sch.uk

Yours faithfully,

Mr N Fowler - DofE Manager



<p>FORM OV 7A (CSF4258)</p> <p>EVENT-SPECIFIC PARENTAL CONSENT FORM (This form should be amended as required to make it best fit for each specific event or purpose for which it is to be used.)</p>
<p>Establishment:</p>

To be completed by visit leader/organiser

Visit:	Duke of Edinburgh Bronze expedition	
Visit Leader:	Mr N Folwer	
Date of Visit:	From: 12 th July 2024	To: 13 th July 2024
Is a photograph of participant required:	No	

To be completed by person with parental responsibility for the child/young person.

Child/Young Persons Full Name:	
Date of Birth:	Passport No. (required N)
Does the above person:	
<ul style="list-style-type: none"> • Have a medical condition requiring medical treatment or medication? • Have an allergy to certain medications? • Is s/he able to administer her/his own medication? 	<p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
Please give details of medical condition/treatments or allergies to medications below:	
<p>Has s/he received a tetanus injection in the last 5 years? Y/N</p> <p>Has s/he been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N</p> <p>If yes, give details:</p>	
<p>Does s/he have any special dietary requirements? Y/N</p> <p>If yes, give details:</p>	
<p>I wish to draw the following to the visit leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):</p>	
Swimming Ability *	
<p>I confirm that _____ is / is not* water confident and able to swim 25 metres.</p> <p style="text-align: right;">* Delete as applicable</p>	

HOME AND EMERGENCY CONTACT INFORMATION

(Must be contactable for the duration of the visit / activity)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day	
	Evening:	
	Other:	

FAMILY DOCTOR DETAILS

Name:
Address:
Telephone Numbers:
Child / Young Person's NHS number (if known)

Declaration by person with parental responsibility for the child/young person.

- I have received and fully understood the details of the proposed visit/activity
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged
- I understand the extent and limitation of the insurance cover provided
- I agree that (full name of child/young person) _____
 - can participate in the visit and activities described
 - can be transported in the private vehicles of staff/volunteers supervising the visit where necessary
 - is in good health and fit to participate in the activities described
 - can receive medical treatment as necessary
- I undertake to inform the group leader of any change in medical circumstances prior to the activity date
- I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect. In the event that their behaviour is not acceptable, I acknowledge that it is my responsibility to make arrangements for them to be collected and cover any associated costs.

Permission for use of images of participants (optional)

I do / do not* (**delete as applicable*) give my permission for photographs and/or videos to be taken of my child for use in educational or youth work promotional materials and displays when required, with or without using their name.

Signed:	Name in Capitals:
Relationship	Date:
Where required, has a passport sized photograph been attached / provided	Not required

**The information on this form should be retained by the establishment's emergency contact.
A copy may be taken by the visit leader on visits outside the UK.**