



# CATERHAM SCHOOL

17 May 2011

To Parents and Guardians of Lower Sixth students

Dear Parents and Guardians,

## **Lower Sixth Team Building Training**

On Tuesday 5 July 2011, during Activities and Higher Education Week, we will be taking all the Lower Sixth students to Bowles Outdoor Centre near Tunbridge Wells so they can participate in some team building and problem solving training.

We will be leaving School promptly at 8am so please can your son or daughter arrive at the front of School shortly after 7.45am. We will be due to depart from the Centre at 4.30pm with an estimated arrival time back at School between 5.30pm and 6.00pm depending on the traffic conditions.

The cost of the visit is £35.00. The trip will be by coach and pupils will be allocated in groups of approximately 12. Each pupil should wear sensible and practical old clothing including an anorak or cagoule and trainers. A packed lunch will be provided. Vending machines are available with a limited selection of hot and cold drinks.

Please complete and return the enclosed forms to your son or daughter's Form Tutor by Friday 24 June. If your son or daughter is over 18 then please could you ask them to complete the Adult Booking Form too. The charge for the trip will be added to the next available extras bill to cover the cost of the day.

If your son or daughter is unable to attend this visit for any reason, please let me know as soon as possible.

Yours sincerely

**Clare Brown**  
**Head of Careers**

[clare.brown@caterhamschool.co.uk](mailto:clare.brown@caterhamschool.co.uk)

## **Bowles - Booking Form for use by Adult Participants**

If a participant is under 18, a parental consent form should be used instead of this form. Please ring 01892 665665 if you need one of these.

Bowles accepts its legal responsibility to make its courses as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try. Accidents can happen without any contributory negligence from the centre or its staff. The centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own act or default. Payments may only be refunded in the case of illness substantiated by a medical certificate. Inability to reach the centre does not qualify for a refund.

I understand and accept the above statements and accept that I have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury. I am fit for the course and will inform the centre before the course of any special medical conditions that might affect my safety.

Name \_\_\_\_\_ Booking reference or course dates \_\_\_19542\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Next of kin \_\_\_\_\_ Telephone \_\_\_\_\_

Any special medical conditions (speak to us in confidence if you prefer) \_\_\_\_\_

\_\_\_\_\_

If you have booked as part of a group, please return this form to your group organiser. If you have booked in person direct with Bowles, please return the form to Bowles, Sandhill Lane, Eridge Green, Tunbridge Wells, TN3 9LW.

## Bowles - Parental Consent Form (for under 18s)

Booking reference 19542  
(open courses and private lessons only)

If you are intending to be at Bowles throughout your son or daughter's course, please complete this side of the form only. If not, please complete both sides. Most courses at Bowles include one or more adventurous activities. Bowles staff have, and fully accept, a duty of care to make those activities as safe as is reasonably practicable. They are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try. Accidents can happen without any contributory negligence from the centre or its staff.

Moreover, the environment at the centre is such that we cannot "fence off" all hazardous areas. Your son or daughter must therefore help our staff to look after their safety by listening carefully to instructions, by doing what they are asked to do and by not being reckless by trying to do more than they have been briefed to do. Only give your consent if you are confident that they will behave responsibly in this way. The centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own act or default. Payments may only be refunded in the case of illness substantiated by a medical certificate. Inability to reach the centre does not qualify for a refund.

I understand and accept the above statements. My son or daughter is fit for the course and I will inform the centre before the course of any special medical conditions that might affect my son or daughter's safety.

Name of participant \_\_\_\_\_ Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

If you have booked in person direct with Bowles, please return the form to the address below. If you have booked as part of a group, please complete the additional details below and return this form to your group organiser.

Name of group \_\_\_\_\_ Course date/s \_\_\_\_\_

**Bowles, Sandhill Lane, Eridge Green, Tunbridge Wells, TN3 9LW.**

This side of the form only needs to be completed if you are not intending to be present throughout your son or daughter's course.

Does your son or daughter have any medical or dietary needs that we should be aware of?

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I agree to my son or daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present and I give authority to members of staff of the centre to consent to such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

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Telephone number (day) \_\_\_\_\_

Telephone number (eve) \_\_\_\_\_

If not available, contact \_\_\_\_\_

Telephone number (day) \_\_\_\_\_

Telephone number (eve) \_\_\_\_\_



CATERHAM SCHOOL

**PARENTAL CONSENT FOR SCHOOL DAY TRIP**

Trip Description: Bowles Centre – Lower Sixth Team Building

Date - Tuesday 5 July 2011

Trip Organiser - Mrs Clare Brown

I accept the School's offer to take my son/daughter on the above journey, and agree to their taking part in all activities described in the information sheet. I agree to the cost of the trip being added to my School bill.

Name of student .....Form.....

I agree to authorise any member of staff during the course of the trip to approve such medical treatment for my son/daughter as is deemed necessary in any emergency or upon the advice of a qualified medical practitioner.

Any medical condition from which my son/daughter is suffering, to my knowledge, is described in a separate letter attached to this form, which also sets out any special medical requirements (such as drugs or other treatment) which may be required. The letter should both authorise staff to administer medicines and state appropriate dosage and frequency.

**Please note that the School can not take responsibility for any existing ailment about which the School was not informed explicitly on this consent form.**

Letter attached: YES / NO

Signed .....  
(Parent/Guardian)

Print Name .....

Date .....

Emergency contact number .....

*Information on the school's Policy for Welfare, Health & Safety on School Trips can be found on the website at [www.caterhamschool.co.uk](http://www.caterhamschool.co.uk)*