

10 November 2011

Dear Parents

Year 10 Games Triathlon Training

I am exploring the possibility of introducing Triathlon training as a Games option on Tuesday afternoons. This was a popular option during the summer term and the plan is to extend the choice of activities available for Year 10 pupils throughout the year.

The swimming training will take place at the Mountbatten Centre and there is also an option to take advantage of our unique coastal location by swimming in the sea, but as this can be very dangerous and I will require your express permission for this to take place.

The cycling will take the form of group rides on public roads and cycle routes. The pupils will need to make their own way to the start points when it is at school or in the local area either by bicycle, public transport or be dropped off and collected. It is essential that the pupils wear a cycle helmet and either a Hi-Visibility Cycling jersey or luminous vest at all times. You would need to take responsibility to ensure that their bicycles are regularly serviced and always in a roadworthy condition. The running element will take place in the local area and possibly at local venues such as QE Country Park.

I have undertaken a thorough Risk Assessment which will be shared with the pupils, but as you can appreciate these activities present considerably more risk than those encountered as part of the normal school day. If you would like your child to be included in this group I would be most grateful if you would complete the attached consent form and return it to me at school.

Should you have any queries about any of these activities please feel free to contact me at school, john.baker@pgs.org.uk.

John Baker
Head of Outdoor Pursuits

Parental Consent and Information Form

This completed consent/information form must be with the Trip Leader by the date specified in the covering letter, otherwise the pupil will be unable to be included in the party.

Title of Trip:	Year 10 Triathlon Games Option	Date:	From Nov 11 Ongoing
Pupil Details			
Pupil's full name:		Date of birth:	
Home address and contact address (if different):			
In an emergency I can be contacted as follows:	Home Tel:		Work Tel:
	Mobile:		email
If not available, please contact the following person:		Tel:	

Medical Information: Please tick Yes or No for each question and give details for each 'Yes'			
Does your child:	NO	YES	DETAILS
suffer from any allergy to food, medication, fur, bee sting etc.?			
currently receive treatment for or take any medication for or suffer from any medical condition?			
carry an inhaler, epipen, insulin kit or other? If yes, please ensure that a second labelled inhaler, epipen etc. is given to the Trip Leader for safe keeping.			
have any special dietary requirements?			
suffer from vertigo (fear of heights)?			
suffer from travel or motion sickness?			
Is there any physical activity your child may not participate in?			

Please Turnover

		NO	YES	DETAILS
Has your child had any recent illness or injury? If yes, please give details of what and when.				
Has your child had a tetanus injection in the last 10 years?				
Contact details for doctor: Name:	Address:		Tel:	
Please add any additional information you may consider the school should know. Please feel free to contact the Trip Leader if you would like to discuss particular needs more fully.				
Please ensure that you inform the Trip Leader of any changes to this information before the start of the trip.				
Conduct during the Trip				
<p>Pupils are expected to obey instructions given by the staff of any establishment visited, and activity instructors, as well as teachers. Normal school rules apply. In the very unlikely event that a pupil fails to comply, staff reserve the right to remove a pupil from a trip and make arrangements for their return home at parents' expense. In this situation no refund of trip fees would be payable.</p> <p>Pupils are expected to take responsibility of all belongings, especially valuables, in accordance with arrangements specific to the trip. These are not covered by the school insurance policy.</p>				
Consent Declaration				
<p>I, being the parent/guardian of the child named at the head of this form, give consent for him/her to attend the proposed activity.</p> <p>I have read and understood the expected code of conduct and agree that my son or daughter will abide by these instructions.</p> <p>I realise that in some cases the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small, cannot be eliminated without making the activity pointless. Portsmouth Grammar School has done its utmost to minimise and manage these risks.</p> <p>I give consent for him/her to receive emergency medical treatment, including anaesthetic and/or blood transfusion, as considered necessary by any medical doctor present, should the need arise. I have informed the school of all medical conditions or treatments that he/she suffers from or requires to maintain health. I agree to inform the group leader of any change in medical condition.</p> <p>I am aware that the school has a detailed policy on the safe running of educational visits, which can viewed on the school website.</p> <p>Name: _____</p> <p>Signature and date: _____</p> <p>Relationship to child: _____</p> <p>Please return the signed form to the Trip Leader</p>				