



## JOSEPH PAXTON CAMPUS

Wirral Hospitals' School  
"Working together to make everything better"  
An Ofsted "Outstanding" School

Headteacher: Mr P Arrowsmith

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TL/LB

24<sup>th</sup> June 2022

Trip to: **Year 10 Llyn Rhys Campsite / Castell Dinas Bran (Overnight Camping)**

Dear Parents and Carers,

Joseph Paxton have an exciting new programme to offer to Year 11's next year. The Level 2 Qualification in Assisting Lowland Expedition Leadership is designed to teach the skills of campcraft, navigation in the open countryside and expedition planning, whilst developing leadership skills.

The course will run throughout Year 11 with a total qualification time of 59 hours, most of which will take place after school in enrichment times, along with some full days out of school. The course will be assessed through practical observations along with some coursework.

We understand that there may be a number of considerations when deciding whether to sign up for this, not least that the course requires a considerable commitment from participants. To give students a better idea of what's involved and to enable them to make an informed decision, we are offering Year 10's the opportunity to have a taster walking and camping trip. The plan is to stay over at **Llyn Rhys Campsite** in **Denbighshire, Wales** and walk up to a nearby historic castle called **Castell Dinas Bran**. This expedition experience will provide an insight on how to put up a tent, cook using a camping stove, hike and navigate whilst getting a chance to see some amazing scenery.

The taster will take place during Activity Week on **Thursday 14<sup>th</sup> & Friday 15<sup>th</sup> July**, we will be leaving school at 2:30pm Thursday and returning before 2:30pm Friday. The cost of the trip is £7, which covers the cost of overnight camping.

Attached to this letter is a kit list of equipment, most of which can be provided by school if required - we will need to know before the trip if there are items of kit that your child wishes to borrow. If your child wishes to participate we require the reply slip and the camping fee by Friday 8<sup>th</sup> July; please be aware that we do have a limit on numbers for the trip and so places will be allocated on a first come, first served basis.

If you require any further information please don't hesitate to contact me.

Yours sincerely,

Terence Lewis  
Learning Beyond the Classroom Coordinator

**Please view our website for the latest news and information, including all letters sent home**



**VISIT TO: Llyn Rhys Campsite / Castell Dinas Bran**

**14<sup>th</sup> and 15<sup>th</sup> July 2022**

I the Parent/Carer give permission for:

Student Name: \_\_\_\_\_

To attend **Llyn Rhys Campsite / Castell Dinas**

Parent/Carer Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I the student agree to:

- Mature and responsible behaviour.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**PARENTAL/CARER CONSENT FORM AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS INVOLVING OVERNIGHT STAYS AND/OR HAZARDOUS ACTIVITIES**

**N.B: ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/CARER**

**School: Wirral Hospitals' School, Joseph Paxton Campus**

**Details of Journey:**

From: Wirral Hospitals' School To: Llyn Rhys Campsite / Castell Dinas Bran

I agree to my son/daughter/ward \_\_\_\_\_ (Students Name) taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

Address: \_\_\_\_\_

**Medical Information:** Please delete as appropriate

a) Does your son/daughter/ward suffer from any of the following conditions (Please delete as appropriate):-

Asthma	YES / NO	Bronchitis	YES / NO
Chest Trouble	YES / NO	Diabetes	YES / NO
Epilepsy	YES / NO	Fainting Attacks	YES / NO
Heart Trouble	YES / NO	Migraine	YES / NO
Raised Blood Pressure	YES / NO	Tuberculosis	YES / NO

If you answered YES to any of the above please give details: \_\_\_\_\_

b) Does your son/daughter/ward suffer from any other condition requiring medical treatment, including medication? YES / NO

If YES please give details: \_\_\_\_\_

c) To the best of your knowledge, has your son/daughter/ward been in contact with any contagious or infectious diseases, or suffered from anything recently that may become infectious or contagious? YES / NO

d) Is your son/daughter/ward allergic to any medication, insect bites, food etc? YES / NO

e) Is your son/daughter/ward taking any form of medication on a regular basis? YES / NO

If YES to c), d) or e) please give details: \_\_\_\_\_

f) Has your son/daughter/ward received a tetanus injection in the last 3 years? YES / NO  
Has your son/daughter/ward any special dietary requirements? YES / NO

If YES please give details: \_\_\_\_\_

Please turn over



## Swimming

Is your son/daughter/ward able to swim?

YES / NO

If YES, comment on your child's swimming ability: \_\_\_\_\_

## Emergency Contacts (including family Doctor)

I may be contacted on the following telephone numbers:

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

If not available please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Name of family Doctor: \_\_\_\_\_

GP Practice: \_\_\_\_\_

Tel Number: \_\_\_\_\_

## Declaration

I understand that the Teacher/Youth Worker in charge of the group will be acting in 'loco parentis', and in the event of an accident I agree to my son/daughter/ward receiving emergency dental, medical or surgical treatment, which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my son/daughter/ward, between the date on which I completed this form, and the commencement of the activity.

I understand the extent and limitation of the insurance cover provided, and that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Signed: \_\_\_\_\_ Parent/Carer

Date: \_\_\_\_\_

**This form, or a copy, MUST BE TAKEN BY THE LEADER ON THE ACTIVITY. A copy should be retained by the contact teacher/youth worker at the School.**

## Kit list

- Sleeping bag (Some available at school)
- Sleeping mats (Some available at school)
- Tent (School will provide this) **Students mustn't bring their own**
- Waterproof coats (School can provide waterproof coats)
- Waterproof trousers are optional
- Sturdy shoes or walking boots (No pumps, open toed shoes or fabric trainers)
- Suitable clothes to be worn to school on Thursday
- Spare change of clothing for Friday's hike
- Clothing to wear for sleeping
- Water bottle (at least 1 Litre)
- Sun cream, Hat/cap
- Students should bring a rucksack/holdall
- Another rucksack and holdall to carry lunch and water for Friday's hike
- Personal toiletries (Tooth Brush, Toothpaste, Soap etc)
- Medication if needed (EpiPen, inhaler, antihistamines) **Any medication must be signed in at the office, with a completed overnight medication form. Staff will be responsible for any medication taken on this trip.**
- Food to cook at camp for dinner Thursday evening, something for breakfast Friday morning, and a lunch for Friday activity.
- If needed, students to bring a plate, bowl, cup and cutlery such as fork and spoons.