



22nd January 2020

Dear Parent(s)/Guardian(s)

The Ladies' College and Elizabeth College Badminton teams have been invited to play in the South West regional round of the National Schools' Badminton Championships. I am delighted to inform you that your child has been selected to represent their school. The teams will travel to Exeter on Sunday 15th March and return on Tuesday 17th March. They will be accompanied by a member of staff from each College.

The travel details are as follows:

Sunday 15th March

- Meet at Guernsey airport at 19:15 and fly to Exeter BE310
- Transfer to Hampton by Hilton Exeter Airport on the airport shuttle
- Overnight Stay at Hampton by Hilton

Monday 16th March

- Breakfast at Hampton by Hilton (included)
- 08:00 Minibus to Torbay Leisure Centre
- 10:00 – 16:00 Competition (café onsite to purchase lunch)
- 16:30 Minibus to Hampton by Hilton
- 18:30 evening meal at hotel (not included)
- Overnight stay at Hampton by Hilton

Tuesday 17th March

- 05:50 shuttle to Exeter Airport
- 07:05 departure BE300
- 07:50 collection from Guernsey Airport
- Students are expected to be back in school by 10:30
- **Emergency contact:** In case of emergency during the trip, please contact the school office in the first instance or Miss Johnson on 07781 153343.

Students may travel in casual clothing and should have eaten prior to their arrival at the airport as we will not have an opportunity to purchase food on arrival.

They must bring with them:

- PASSPORT
- MONEY – for lunch, dinner and snacks
- Water bottle
- Full PE kit
- Racket
- Toiletries

Principal
Mrs A Clancy BA (Combined
Hons)
Email: principal@ladiescollege.ac.gg

Registrar
Miss R McClean
Email:
registrar@ladiescollege.ac.gg

Vice Principal, Bursar & Clerk to the
Governors
Miss E Bridge MA Oxon, ACA
Email: bursar@ladiescollege.ac.gg

- Change of underwear and clothing
- Nightwear

We have been fortunate to receive subsidy towards the cost of the trip but will require a contribution of £195 to cover the cost of flights, accommodation and minibuss transfers.

Please complete the OA4 and return along with the payment of £195, by **Friday 7th February**. Cheques made payable to The Ladies' College or BACS to

Natwest Bank Plc
The Ladies' College
Sort Code: 60-09-20
Account number: 06017614
Ref: Badminton trip (name)

Yours sincerely,



Miss E Johnson
P.E. Department

Principal
Mrs A Clancy BA (Combined Hons)
Email: principal@ladiescollege.ac.gg

Registrar
Miss R McClean
Email: registrar@ladiescollege.ac.gg

Vice Principal, Bursar & Clerk to the Governors
Miss E Bridge MA Oxon, ACA
Email: bursar@ladiescollege.ac.gg

OA4 Form 2020

| |
|--------------------------------|
| Name: _____ |
| Date of birth: ___ / ___ / ___ |



The Ladies' College
Guernsey

PARENT CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with an information sheet giving full details of the visit.
Please complete this form in black ink.

Details of Visit to: National Schools' Badminton Regional Finals

Visit Leader: Miss Johnson

From date 15/03/20 19:15 Back: 17/03/20 07:50

Medical information about your child

- a) Does your child have any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

- b) Please outline any food or other allergies and special dietary requirements of your daughter:

- c) Are there any recent illness or accidents that staff should be aware of?

- d) Please indicate the type of pain/flu relief medication your daughter may be given if necessary (delete as required):

Paracetamol / Nurofen / Ibuprofen / Imodium or similar / Flu remedies / Travel sickness tablets / Other:

- e) Any other relevant information you would like to give us:

For residential visits and exchanges only

- f) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?
YES/NO
If YES, please give brief details:

- g) Is your daughter allergic to any medication? YES/NO
If YES, please specify:

- h) When did your daughter last have a tetanus injection? _____

Name of family doctor: _____

Tel. number: _____

Dr's Address: _____

My contact details:

Tel. Home: _____ Mobile: _____

Name: _____

Home address: _____

Email address: _____

Alternative emergency contact during the visit and on-island – if necessary:

_____ Name Telephone number:

Tel. Home _____ Mobile: _____

(Relationship to daughter)

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Declaration

1. I would like my daughter to take part in the above mentioned visit or activity and having read the information provided agree to her taking part in the activities described. I understand that the visit includes periods of remote supervision during which the students will stay in groups of not less than three that they will be given a clearly defined area beyond which they must not go, and that they must report back to a member of staff at a pre-arranged location every 45 minutes.
2. I agree to my daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I understand the extent and limitations of the insurance cover provided.
4. I consent to any emergency medical treatment required by my child during the course of the visit.
5. I confirm that my daughter is in good health and I consider her fit to participate.
6. I will inform the Visit Leader at departure of the trip of any changes to the medical information given on this form.
7. Delete the following as appropriate:
I understand that remote supervision is part of the programme. This means that my daughter will not be directly supervised by a member of staff at all times. The information regarding the remote supervision arrangements will be supplied by the Visit Leader

As part of the activities your daughter is involved in the Ladies' College may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use your daughter's photograph in this way? YES / NO

Any changes or additions to this information between the date of completion of this form and the start of the activity must be given in writing to the Visit Leader.

Signed: _____

Date: _____

Full name (capitals): _____

**THIS FORM OR A COPY/SUMMARY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.**