

May 2025

Dear Parent/Carer,

I am delighted to inform you that we will be holding a one-day teambuilding event for our new Year 7 students on 29th September and 30th September 2025 at Essex Outdoors, Mersea Island, Essex. We will be taking half of the year group on each day and we will confirm which day your child will be going nearer the time.

Students will take part in a programme of activities where they will develop their team building and employability skills, as well as getting to know students from their year group. I am sure you will agree that this will give them a great start to their life at The Appleton School and is an excellent opportunity for them to make new friends.

The cost of this trip is £52.50 per student which includes transport and all activities. If you would like your child to take part please make the necessary payment via your Parentmail account, which can be made in instalments and complete the online parental consent form via the link below. Alternatively, you can print and complete the attached paper copy and return it on the Welcome Evening on the 12th June or send it into school in an envelope marked for my attention by Monday 7th July. Please note that we need to confirm final numbers with Essex Outdoors by this date, therefore, we cannot guarantee your child a place if the payment and consent form is received after Monday 7th July.

Please see here the link for the parental consent form <https://forms.office.com/e/3xXKh2d9sr>

If your child is in receipt of **Free School Meals**, the School is able to obtain funding for the full cost. Your entitlement to this will be confirmed with your child's Primary School. Please indicate on the parental consent form if your child is eligible.

Normal lessons will take place in school for any students who do not choose to take part in the trip. If you have any queries please do not hesitate to contact me on the below telephone number.

Yours sincerely,



Mrs Cydney Moyo
Careers and Employability Manager

Headteacher: Sarah Cox, BA (Hons)

Croft Road, Benfleet, Essex, SS7 5RN Tel: 01268 794215

Email: info@theappletonschool.org Website: www.theappletonschool.org

PARENTAL CONSENT & MEDICAL FORM FOR EDUCATIONAL VISITS

Details of Visit to:	Date of Visit:						
Student Full Legal Name:	Form:						
Date of Birth:	Passport No. (Required Y/N)						
Does the above person: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="padding-left: 20px;">> Have a medical condition requiring medical treatment or medication?</td> <td style="text-align: right;">Y/N</td> </tr> <tr> <td style="padding-left: 20px;">> Have an allergy to certain medications?</td> <td style="text-align: right;">Y/N</td> </tr> <tr> <td style="padding-left: 20px;">> Is he/she able to administer his/her own medication?</td> <td style="text-align: right;">Y/N</td> </tr> </table> Please give details of medical conditions/treatments or allergies to medication below:		> Have a medical condition requiring medical treatment or medication?	Y/N	> Have an allergy to certain medications?	Y/N	> Is he/she able to administer his/her own medication?	Y/N
> Have a medical condition requiring medical treatment or medication?	Y/N						
> Have an allergy to certain medications?	Y/N						
> Is he/she able to administer his/her own medication?	Y/N						
Has he/she received a tetanus injection in the last 5 years? Y/N Has he/she been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may become contagious or infectious? If yes, give details: Y/N							
Does he/she have any special dietary requirements? Y/N If yes, give details:							

SWIMMING ABILITY (if applicable to visit) I confirm that _____ is / is not* water confident and able to swim 25 metres. *(Delete as applicable)
CYCLE ABILITY (if applicable to visit) I confirm that _____ can/cannot* ride a bike competently. *(Delete as applicable)

EMERGENCY CONTACT INFORMATION

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone No:		
Day:		
Evening:		
Other:		

FAMILY DOCTOR DETAILS

Name:

Address:

Telephone Number:

DECLARATION: I have received and understood the details of the visit.

I agree that (full name of student):

- > can participate in the visit and activities described;
- > can be transported in the arranged vehicles for the visit;
- > may be photographed whilst participating in the activities described;
- > is in good health and fit to participate in the activities described;
- > can receive medical treatment as necessary.

I agree that The Appleton School can use photographs taken during this activity for internal publication:

Y / N

I agree that The Appleton School can use photographs taken during this activity for external publication, including the school social media sites and school website.

Y / N

My child is currently eligible for Free School Meals:

Y / N

I undertake to inform the trip organiser as soon as possible of any changes in medical circumstances. I acknowledge the need for the student named above to behave responsibly and agree to the establishments procedures in this respect.

Signed:	Name in Capitals:
Relationship:	Date:

For UK travel the school has a Risk Protection Arrangement underwritten by the Department for Education. You are welcome to see a copy of this document if required.

For overseas travel this will either be covered by the school's own insurance or arranged by the tour operator.

The declaration on this form must be signed by someone with parental responsibility for the student.