



March 2025

Dear Parent/Carer,

As part of a project named Adventures Away from Home, we have been selected as a school to go on a two-night residential to Trafford Hall, Chester, with the Youth Hostel Association (YHA). The stay in the hostel has been funded by the Adventures Away from Home programme as an opportunity for young people to be out in nature, to help school reduce the cost of the trip. The funding includes their overnight stay, activities provided by YHA staff, breakfasts and evening meals. Students will be taking part in walks, campfires, sitting under the stars and nature art. There are 30 places available on the trip.

We will be staying over on Friday 21st March 2025, and returning on Sunday 23rd March 2025. We will be departing school on buses at 3.45pm and leaving Malham at approximately 1.30pm on the Sunday. Students will need to be collected from school, but timings will be confirmed nearer the time. **This trip is not compulsory** and your child's place will be offered to someone else if they do not wish to attend.

Your child will be required to bring an overnight bag, and a kit list will be made available nearer the time. Furthermore, the attached medical form should be filled with the most up to date information. Any prescribed medication should be given to St John Bosco staff on the day of the trip.

Under the 1996 Education Act, the College requests a **payment of £20** towards the visit if you wish your child to take part in the residential visit. The visit will only take place if there are enough payments towards the trip. You must pay for the trip online via www.parentpay.com and this can be paid in installments if needed. When on Parent Pay, you will be able to pay for the trip under the tab 'Payment Items'. If you have lost your original login details, please ask your child to visit the Finance Office to collect a new letter.

Please complete the attached permission slip and medical form by Friday, 7th March 2025 and return the slip to Miss Armstrong.

Yours sincerely

A Armstrong

Miss A Armstrong
Geography teacher

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Please return to Miss Armstrong
Adventures Away from Home YHA Residential visit, 21st March-23rd March 2025

Student name: _____ Form: _____

1. I would like my child to attend the residential trip to Chester YHA
2. I will collect my child from school upon return on Sunday, 23rd March
3. I am happy for my child to leave school on their own on Sunday 23rd March
4. I give permission for photographs to be taken of my child

Parent/Carer signature: _____ Date: _____
Name _____



ST JOHN BOSCO ARTS COLLEGE

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PARENTAL CONSENT FORM FOR A COLLEGE VISIT

1. Details of visit to: Chester Youth Hostel Association, residential trip for Adventures Away From Home

From	To:
Friday 21 st March 2025 3.30pm	Sunday 23 rd March 2025, 1.30pm (estimate)

I agree to _____ [name]
Taking part in this visit and I have read the information sent by the college. I agree to
_____’s participation in the activities described. I acknowledge the need for
_____ to behave responsibly.

2. Medical information about your child

a) Any conditions requiring medical treatment including medication treatment? Yes No

If YES, please give brief details:

b) Please outline the type of pain/’flu medication your child may be given if necessary.

c) Please outline any special dietary requirements or food allergies that your child has

d) 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 infectious? If YES, please give brief details: Any conditions requiring medical treatment including medication treatment?

Yes No

e) Is your daughter allergic to any medication? If YES, please specify:

Yes No



f) When did your daughter last have a tetanus injection?

3. Declaration

I agree to my child 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. I understand the extent and limitations of the insurance cover provided. I accept that in the event of non-accidental damage being committed by my child, I could be legally held responsible.

Contact name and telephone numbers:

Work:

Home:

Home address:

Alternative emergency contact:

Name:

Telephone number:

Address:

Name of family doctor:

Telephone number:

Address:

Signed:
[parent/carer]

Date:

Print Name: