# Oxton St Saviour's

### **CE Aided Primary School**

Holm Lane Oxton, Prenton Merseyside CH43 2HT Tel: 0151 652 4909 Email: schooloffice@oxtonstsaviours.wirral.sch.uk www.oxtonstsavioursschool.com



Headteacher: Mr A Ramsden BEd Hons, NPQH

7<sup>th</sup> November 2023

Dear Parents,

#### YEAR SIX RESIDENTAL OUTDOOR ADVENTURE ACTIVITY

We have made a booking for the Conway Centre, Anglesey from Monday 11<sup>th</sup> March to Wednesday 13<sup>th</sup> March 2024.

During this residential visit your child will have the opportunity to take part in a range of challenging and exciting activities including, abseiling, climbing, kayaking, orienteering and raft building.

http://www.conwaycentres.co.uk/anglesey/

The total cost of the residential visit will be £225.00

The cost must be paid by Thursday 29<sup>th</sup> February 2024, however, payment instalments of your choosing can be made at any point up until this date. If you have any financial difficulties in meeting the cost, please do not hesitate to contact the school office.

#### Please indicate/tick below if you would like your child to attend the Conway Centre.

This letter is also available on the School Website.

Yours sincerely,

Mr A Ramsden

Headteacher

☆ -----

Year 6 Conway Centre, Anglesey

#### Monday 11th March to Wednesday 13th March 2024

Please complete this slip and return it to school by 24<sup>th</sup> November 2023.

Child's full name: .....

I would like my child to attend in the above mentioned residential visit  $\Box$ 

I would <u>not</u> like my child to attend in the above mentioned residential visit  $\Box$ 

| Signed | Date |
|--------|------|
|        |      |

Please see reverse side of letter with regard to consent and ParentPay.



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In due course payment and parental consent is required via ParentPay. Please note you are consenting to the following:

Please be reminded that you are consenting to the following:

I agree to my child partaking in the above trip. I have read the details of the visit and agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that the teacher in charge of the party will be acting in loco parentis and in the event of an accident I agree to my son/daughter receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

The school has taken out Comprehensive School Journey Insurance through a private company which contains, amongst other covers, Personal Accident Insurance cover. Details are available on request.

I understand the extent and limitations of the insurance cover provided and that Wirral Borough Council is insured in respect of its legal liabilities only, and that there is no personal accident or other insurance cover unless I have been advised specifically by the organiser. Accidents may arise for which Wirral Borough Council is not legally liable. I may choose to obtain suitable insurance to cover such eventualities.

I acknowledge that I have provided school with up to date/current medical information relating to my child including emergency contact details.

