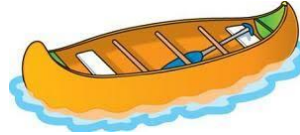


Year 9 River Exe Canoe Trip Saturday 10th October 2020



Thank you for signing up for the above trip.

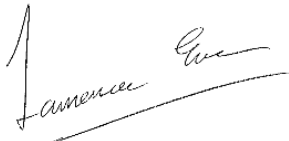
- Please meet at school at **9:00am**.
- We aim to return **for 5:30pm**.
- If there is any change to the return time, *your child will phone (please ensure that they have a suitable contact number)*.
- We aim to boat from Exeter Quay on the canal, we will then head out on to the River Exe and head down the river towards Topsham. We will stop for lunch on route. Our return journey will be up the Exeter ship canal back towards Exeter with a possible ice cream on arrival (not included in the cost).

Students must have the kit below:

- **Mask for minibus travel.**
- Canoe cag (from Mr Eve).
- Buoyancy aid (from Mr Eve).
- **A picnic lunch & drink.**
- Old trainers (not flip flops!).
- Second complete set of clothes to change into if you get wet.
- Plastic over trousers.
- Warm top.
- Shorts or trousers.
- Shirts/tee-shirt.
- Towel.
- Bag for wet kit.
- Sun cream (if it's sunny!!!).
- Small amount of money for an ice cream.

Please complete the medical form attached and send it in with your child on the morning of the trip.

Regards



Laurence Eve
evel@uffculmeschool.net

Year 9 River Exe Canoe Trip – 10th October 2020

Dear Parent/Guardian,

Please complete and return the form below, which relates to the forthcoming River Exe Expedition. The form gives consent for your child to take part in this activity.

Name of Pupil _____ Tutor Group _____

Special Details:

Any relevant information concerning your child's health requiring special attention, but which does not prevent him or her taking part, should be noted below. For example, does your child:

- Have any allergies?
 - If so, please specify:
- Take medication? If so, what is the dosage required?
- Confident & competent swimmer?
- Have asthma?
- Has your child had any relevant recent illnesses or injuries?
- Does your child have any specific dietary requirements?

Do you have any additional comments?

1. I would like my son/daughter to take part in the above-mentioned visit or activity and having read the information provided agree to him/her taking part in the activity described.
2. I consent to any emergency treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

Signature of Parent/Guardian Date:

Name of Parent/Guardian

Address:

Telephone Number [Home]:..... *Contact Number during trip:*

Approximate date of last Tetanus injection:.....