



20<sup>th</sup> July 2021

Dear Parent/Carer,

### **Summer School Trip – Thursday 5<sup>th</sup> August 2021**

We have made a change to our trip location for Thursday 5<sup>th</sup> July. We will now go to Inflata Nation © in Peterborough, it is an inflatable indoor theme park designed to entertain and challenge any age and physical ability.

<https://www.inflatanation.com/>

There will be no additional cost for the trip. Students will need to wear long trousers, long sleeves and socks. The students can still join in if they choose not to wear long trousers/sleeves, but the company will not hold responsibility for any friction burns that may happen.

All students will need to bring a packed lunch and plenty of water. The trip will take place within the Summer School hours and we will return before 3pm. All carers/parents will need to complete the permission slip and waiver attached to this letter. If you have already returned the permission slip for our previous trip location we will shred this information and ask that you return the paperwork attached instead.

Please return this information to St Clement's High School FAO Miss Malle, Finance Officer by **Thursday 29<sup>th</sup> July 2021.**

We look forward to welcoming you to our School site on Monday 2<sup>nd</sup> August. Please go through the double gates that lead onto the playground (with the village hall to the right of you). If you have any medication that will need to be administered during this period, please request a medical form from a member of staff.

If you have any questions regarding Summer School, please email [y6@stclementshigh.org.uk](mailto:y6@stclementshigh.org.uk) as this will be monitored throughout the summer.

Yours Sincerely,

Mrs L Towle

Assistant Headteacher – KS3



# ST CLEMENT'S HIGH SCHOOL

## PARENTAL CONSENT FOR A SCHOOL VISIT

\*\*\*Please ensure this form is signed overleaf\*\*\*

Student's Name: .....

Tutor Group: .....

Trip: Inflata Nation Peterborough – Thursday 5<sup>th</sup> August 2021

*Please complete and return to the trip box in the Front Office*

### CONTACT NAME / NUMBERS

Contact 1			
Name:		Email Address	
Address:		Home Telephone	
		Work Telephone	
		Mobile Number	
		Relationship to Student	

Contact 2			
Name:		Email Address	
Address:		Home Telephone	
		Work Telephone	
		Mobile Number	
		Relationship to Student	

### MEDICAL INFORMATION

Doctor's Name: .....

Name of Surgery: ..... Telephone Number: .....

**Please CIRCLE the answers which apply**

Are there any medical conditions requiring medication                      **YES**                      **NO**

If YES please give brief details, including medication: .....

.....

Are there any special dietary requirements?                      **YES**                      **NO**

If YES please give brief details: .....

Does your child have any allergies?

YES

NO

If YES please give brief details:

.....  
.....

May any pain/flu medication be given if thought necessary?

YES

NO

When did your child last have a Tetanus injection?

.....

**FOR RESIDENTIAL VISITS AND EXCHANGES ONLY**

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES NO

If YES, please give brief details:

.....

Any other information you think we should know:

.....

**DECLARATION**

I agree to my child taking part in this visit and have read the information sheet. I agree to my child taking part in the activities described and acknowledge the need to behave responsibly.

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 will inform the trip organiser as soon as possible of any changes in the medical /or other circumstances between now and the commencement of the journey.

Signed: ..... (Parent / Carer)

Name: ..... Date: .....

**This is an important document and you must read it before signing**

**TO BE COMPLETED BY ALL**

Name of Person Booking

Your Full Name

(If different **Must be OVER 18**)

First line of address

Postcode

Date of birth

DD / MM / YY

**ONLY TO BE COMPLETED IF OVER 18 AND BOUNCING**

Mobile phone number

M/F

Email

- I wish to participate in indoor inflatable activities including, but not limited to bouncing, inflatable theme park access including all activities contained within and fitness classes, (collectively hereinafter called "the Activities") organised by Jump Nation Ltd, trading as Inflata Nation ("the Company") within 12 months of the date of completion of this form.
- I am eighteen years old or older.
- I agree that I will undertake the Activities in accordance with the safety rules and advice that I receive along with any oral instructions or advice given to me prior to or during the session. In addition, I agree to wear non-slip socks whilst participating in the Activities.
- I acknowledge that I am responsible for my own safety (and the safety of my possessions) while undertaking the Activities.
- I certify that to the best of my knowledge I do not have a medical condition which might have the effect of making it more likely that I will be involved in an incident which could result in injury to myself or others. To the best of my knowledge I am not pregnant.

**ONLY TO BE COMPLETED IF YOU HAVE UNDER 18 YEAR OLDS WITH YOU THAT ARE BOUNCING**

- I am the parent/guardian of the child/ren listed below who is/are under 18 years of age. I wish that/those child/ren to participate in indoor inflatable activities including, but not limited to bouncing, inflatable theme park access, including all activities contained within (collectively hereinafter called "the Activities") organised by Jump Nation Ltd, trading as Inflata Nation ("the Company") within 12 months of the date of completion of this form. I declare that if I am not the parent or guardian of the child/ren I have authority from the child/ren's parent or guardian to sign this risk acknowledgement & waiver form.
- I agree that I am responsible for the child/ren in my care and undertake to ensure that he/she/they undertake the Activities in accordance with the safety rules and advice that I and he/she/they receive along with any oral instructions or advice given to me and he/she/they prior to or during the session. In addition I agree to ensure the child/ren wear(s) non-slip socks whilst participating in the Activities.
- I acknowledge that I am responsible for the safety supervision of the child/ren named below (and the safety of our possessions). I will ensure that I pay particular attention to any under 14 year olds and will supervise them at all times.
- I certify that to the best of my knowledge the child/ren do not have any medical condition (including pregnancy) which might have the effect of making it more likely that he/she/they be involved in an incident which could result in injury to him/her/ themselves or others (if in any doubt, please check with the child/ren's parent or guardian).

**Participants under 18 years old that I will be responsible for:**

	First Name	Surname	M/F	Date of birth (DD/MM/YY)	Age
1.					
2.					
3.					
4.					

(Please use another form for any additional under 18's)

**TO BE COMPLETED BY ALL**

- I acknowledge and accept that the Activities require a moderate level of fitness and can be physically testing and I/he/sh/they should not undertake the Activities unless I/he/she/they am(is/are) physically able to. I acknowledge and accept that the Activities are dangerous and there is a risk of personal injury when undertaking such Activities.
- In the unlikely event of an accident, or loss or damage to any personal effects, I acknowledge that the Company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activities (except for death or personal injury caused by the Company's negligence) and I waive all and any claims against the company in this respect.
- I acknowledge and accept that CCTV images of all park entrants will be monitored and recorded throughout the premise for the purposes of crime prevention and public safety.

**I acknowledge that I and my child/ren (if applicable) have been provided with a copy of the specific written safety rules and advice of the Company in relation to the Activities and that I have read and fully understand the above prior to my signing below.**

Signature

Date

**YES**, I would like to join the V.I.B. (Very Important Bouncers) club so that I can receive exclusive discounts and special offers via text and email. I understand it is free to join and I can end my membership at any time. Tick to join today!

