



25th August 2022

Dear Parents/Guardians

Re: TY Team Building Adventure 2022

The Transition Year Team has organised a two-day trip to **Carlingford Adventure Centre** in Co. Louth where students will participate in a high energy programme which will provide a variety of activities that caters for all levels of ability. **All TY students are expected to participate in this programme as an integral part of their Transition Year experience.** The trip will be supervised by members of the Transition Year team and the staff of Carlingford Adventure Centre.

The courses offered at the Centre challenge students to undertake new physical activities whilst at the same time encouraging team building, promoting friendships and developing leadership qualities. **It is designed to help students prepare for the upcoming year and to help them get to know their new classmates.**

The Carlingford Adventure Centre has a highly qualified team to teach and supervise all physical activities. It is my understanding that the staff/student ratio for most activities at the Centre is 1:8. This programme will take place from Thursday 1st to Friday 2nd of September 2022 in Carlingford Adventure Centre, Tholsel St, Liberties of Carlingford, Carlingford, Co. Louth. To maximum our time in Carlingford will **NOT** have access to their personal mobile phones from Thursday to Friday. Emergency contact can be made through the TY mobile phone where necessary, (TY mobile number is 086 1894 918).

Date:	1st and 2nd September 2022
Meeting Time & Location on 1st September:	06.40 Sports Hall - DO NOT BE LATE
Departure Time on 1st September:	07.05
Return Time on 2nd September:	19.00 approximately
Adventure Centre:	Carlingford Adventure Centre
Address:	Tholsel St, Carlingford, Co. Louth, A91VW70
Telephone No.:	(042) 937 3100
Website:	www.carlingfordadventure.com

Students are reminded that the trip will be run in accordance with the School's Code of Behaviour and the School Tour Policy, both documents can be found on the school's website at www.loretofoxrock.ie/school/policies. You will see that the terms and conditions set out by Carlingford Adventure complement our school policies and students are expected to follow the rules set.

In order for your daughter to participate in this programme please complete the attached Consent Form and Medical Form and return **hard copies** to Ms Early by **Monday 29th August 2022**.

Yours sincerely

Fiona Early
Programme Co-ordinator



Consent & Medical Form for Student Name: _____ Class: _____

Please return this Consent Form to your Class Tutor on or before 29th August 2022

I, the student has read the accompanying letter, School Code of Behaviour and School Tour Policy and agree to accept and adhere to the rules and conditions of the **TY Team Building Trip to Carlingford Adventure Centre**.

Student's Signature: _____ **Class:** _____ **Date:** _____

I, the Parent/Guardian have read the accompanying letter, School Code of Behaviour and School Tour Policy and agree to accept and adhere to the rules and conditions of the.

Parent/Guardian's Signature: _____ **Date:** _____

In the event of my daughter being seriously ill or needing urgent medical attention, I accept that the staff will act in "**loco parentis**" and consent to allow the teaching staff to act on my behalf should a medical emergency arise for my daughter.

Parent/Guardian's Signature: _____ **Date:** _____

Are you confident in the water? Yes No

(Do not worry about this – you will not be excluded from activities)

Emergency Contact Name: _____ (please print.)

EMERGENCY Contact Numbers:

Day: _____ **Evening:** _____



Consent & Medical Form for Student Name: _____ Class: _____

Medical Issues: Please tick Yes/No as appropriate and return this Medical Form to Class Tutor by **29th August 2022**.

Condition	Yes/No	Description if relevant
Previous injury to shoulders		
Previous injury to ankles		
Previous injuries to knees		
Previous injury to back		
Allergic to Penicillin:		
Allergic to other medication: If yes, please state		

Respiratory: Please tick as appropriate

Condition	Yes/No	Description if relevant
Ever used an inhaler		
Anxiety		
Travel sickness		
Panic attacks		
Hay fever		
Other medication that is being taken: If yes, please specify		

Please give details of any other medical conditions affecting your daughter:



Consent & Medical Form for Student Name: _____ Class: _____

Dietary Requirements: Please tick Yes/No as appropriate and return to Class Tutor by **29th August 2022.**

Food: Please tick Yes/No as appropriate.

Condition	Yes/No	Description if relevant
Allergy to eggs		
Allergy to shellfish		
Allergy to dairy		
Allergy to nuts		
Allergy to wheat/ gluten		
Other. If yes, please state		

Diet:

Condition	Yes/No	Description if relevant
Lacto-Vegetarian		
Vegan		
Coeliac		
Lactose intolerant		
Other. If yes, please state		

Parental Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____



Consent & Medical Form for Student Name: _____ **Class:** _____

Please note Carlingford Adventure Centre Policy:

Carlingford Adventure will take every precaution for your safety. When **safety equipment** is provided you must wear/use it. You are asked to give your **full attention to safety briefings and training** and comply with instructions given. **Alcohol is not permitted** on the premises and participants under the influence of alcohol and/or drugs will be asked to leave with no entitlement to a refund or credit. Carlingford Adventure Centre takes no responsibility for damaged or lost property. **By signing below, you confirm and understand that the nature of the activities do incur a risk of injury and death, you assume full responsibility for any risk of harm or injury, which might occur due to the participation in any sport, event or activity.** You release Carlingford Adventure Centre from all liability, costs and damages, which might arise from participation in any Carlingford Adventure sport, event or activity.

Medical Declaration

It is an express requirement that all participants in activities note below any condition, medication, disability (mental/physical) illness, disease or medical condition of which you have suffered or complained of, that could in any manner affect your safety or the safety of others. Your signature confirms your declaration of suitability to participate for yourself or for a participant you are signing on behalf of.