



8<sup>th</sup> March 2022

Dear Parents/Guardians

**Re: Invitation to the TY End of Year Adventure to Counties Cork, Limerick, and Clare**

The Transition Year Team have organised the TY end of year adventure tour to counties Cork, Limerick, and Clare. The itinerary for this tour is attached and has been designed to encourage students to explore parts of Munster and to participate in various sports that students may not have experienced before, develop friendships, leadership skills and to work within a team. The tour is open to all TY students and the cost is based on the participation of 75 students.

- Dates: 24<sup>th</sup> – 26<sup>th</sup> May 2022 (inclusive)
- Cost Involved: €280 per student

The tour price includes:

- Coach Travel
- Accommodation, Breakfasts, 1 x Dinner
- Entries fees to the Cliffs of Moher, Aillwee Caves, Ballyhass Adventure centre, surfing lessons in Lahinch, mountain biking and hiking in Ballyhoura Forest.
- Please note that the cost of lunches and one evening meal is not covered.

If you would like your daughter to participate in the TY Adventure tour, please complete and return the attached consent and medical forms to the class Tutor on Tuesday 26<sup>th</sup> April 2022.

A non-refundable deposit of €100 is to be made by the 29<sup>th</sup> of April 2022, with the balance to be paid by the 6<sup>th</sup> of May 2022, both payments via the school app. Please be aware that the non-refundable deposit of €100 will be needed to secure the hotel accommodation. Please also note that the cost of the tour may fluctuate slightly depending on the final number of students taking part.

I would be grateful if parents and students note that no place is guaranteed. Only those students with an **exemplary record of behaviour** throughout the Transition Year will be permitted to travel, (students who have been suspended from school during the TY year will not be permitted to travel).

We feel that the tour would be of immense educational and cultural value to the students and thank you for your consideration of this tour.

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 26<sup>th</sup> April 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 End of Year Adventure to Counties Cork, Limerick and Clare**

**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:** \_\_\_\_\_

**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 **26<sup>th</sup> April 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 **26<sup>th</sup> April 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:** \_\_\_\_\_