



ABERNANT LAKE JUNE 12TH - JUNE 16TH 2017

Dear Parents - Please find below information to help both you and your son get the most out of his upcoming visit to Wales. The following information should cover every aspect of the visit which will hopefully give you peace of mind that your son is fully prepared for this fantastic experience!

The essentials...

ALL BOYS NEED TO BRING A NAMED SLEEPING BAG AND PILLOW CASE

CLOTHING LIST

Boys should travel to and from the centre in comfortable clothing (not School Uniform/avoid jeans). Combat style trousers, trainers, t-shirt and a fleece to (give an idea), are perfectly adequate.

Skin Protection; Lip Salve/Sun Block (one they usually use/named) are imperative!

General Clothing

Underwear x 5
Pairs of Socks x 6
Vests and/or T- Shirts x 5
Fleece x 2
Long sleeve tops (many activities require this)
Nightwear x 1
Trousers/Tracksuit Bottoms x 4 (not denim)
Bathroom Towels x 2
Wetsuit/Shortie (optional – but may make life more comfortable if the weather isn't great!)
Toiletries: shower gel/shampoo, hairbrush, toothbrush, toothpaste. (deodorants must be roll-on/no glass)
Indoor Footwear x 1
Training Shoes x 2
Shoes that can get wet (must be closed toe) (not wellies/not crocs)
Camera (suggest a disposable/waterproof type)
Money belt/bum bag for pocket money (named)
Pen/pencil
Waterproof jacket/trousers
Swim trunks/short x2
Individual small packets of tissues
Day backpack type bag
Water bottle (named)
2 x Black bin liner for dirty clothes (please!!)
Sun hat
Torch



Meals

Boys should come to school on the **Monday with a packed lunch and snack**. Please do not send anything containing nuts!! We will stop at the service station at lunchtime for 45 minutes. Please ensure that any drinks are not carbonated. The first meal provided is on the Monday evening after which all meals are provided throughout the stay at the centre. For the return journey, we will be provided with a packed lunch.

ALL CLOTHING/BELONGINGS MUST BE NAMED

GENERAL INFORMATION:

1. A reminder that your son's bag has to be carried by him – please ensure he helps pack!
2. Pocket money should not ideally exceed **£25** and needs to be in a named wallet with a zip. The centre has vending machines only and cannot change notes into coins. Please make sure that your son has plenty of change.
3. A **disposable/waterproof camera** is recommended. Please do not let him bring an expensive camera!
4. In an **emergency** calls should be to the Prep School Main Office 01923825648 which will then be passed on to Mr. Todd.
5. **Twitter** link is: <https://twitter.com/mtsprepsport> for all updates throughout the week (signal permitting)! The network coverage in the area we are staying is very poor – but we will endeavour to update and keep you informed whenever possible!
6. A **daysack/backpack** is needed for travelling and to be taken on activities throughout the week. (This should contain his lunch, wallet and water bottle on the Monday and will be used to carry his sun cream, water proofs, water etc. for all activities.)
7. If your son needs to take a **travel sick** tablet before we leave, please inform Mr Todd on the morning of departure so it can be administered at the appropriate time. Please also ensure that your son has tablets for the return journey. (These should be given to Mr. Todd on the morning of departure.)
8. **Sleeping bags** are not provided by Manor Adventure so please ensure your son brings a named one with him and a **pillow case**.
9. **ABSOLUTELY - NO MOBILE PHONES/NO INTERNET ENABLED DEVICES UNDER ANY CIRCUMSTANCES!**
10. **Hayfever medication** – Please ensure that your son is able to administer his own nasal spray and eye drops – this may mean some practise before the visit. Any medication in tablet form should be handed to Mr Todd on the morning of departure with full instructions of daily dosages etc (form attached).



CENTRE ADDRESS/CONTACT DETAILS:

Abernant Lake Hotel,
Station Road,
Llanwrtyd Wells
Powys,
Wales
LD5 4RR

The Website at: <http://www.manoradventure.com>

The site details are for your information only. Please do not contact them directly.

IMPORTANT NOTE:

Can you please make ensure that all documentation is completed and returned to MTP School Office by **Wednesday 22nd March 2017:**

- **Medical Information**
- **Consent Form**
- **Code of Conduct**

ON THE MORNING OF DEPARTURE:

Arrive at Merchant Taylor's Prep by 7.30am am on Monday 12th June 2017 with all luggage and meet Mr Todd and staff outside of the Head of School's House. (Departure outbound 8am tbc)

***any medications can be given to Mr Todd on arrival**

PROHIBITED ITEMS

- **No mobile phones or other internet enabled devices**
- **No chewing gum or anything containing nuts**
- **No fizzy drinks.**
- **No pocket knives/camping swiss army type knives**

***The Discovery of any of these items will result in confiscation. Some items will be returned to parents at the end of the week on our return.**



MEDICATIONS

1. Essential Medications: such as Epi-Pens and Inhalers **SHOULD BE BROUGHT FROM HOME FOR THIS VISIT.** School will not be taking medications that are normally held with the School Nurse. Boys will be expected to carry their own inhalers at all times whilst on the visit. Boys who have an epi-pen should give it to Mr. Todd on the morning of departure. The epi-pen should be in a clear zip locked bag clearly labelled with your son's name.
2. Acute Medications: If your son is taking medications which require administering while we are away (e.g. anti-biotics/travel sick tablets/hayfever meds), please make sure that these are **clearly labelled** with instructions of dosage etc. Parents should complete the *Consent to Administer Medications* form (below) to avoid any confusion. Both medications and the form should be put in a **named transparent ziplock bag** and given to Mr. Todd on the morning of the visit.
3. Non-essential Medications: These include items such as lip balm, strepsils/lozenges – items that you are happy for your son to administer himself without supervision. Please put these items in a transparent ziplock bag in his main bag/daysack if required, clearly labelled with his name.
4. General First Aid/Specialist First Aid: The School will carry essential first aid for minor injuries. At all stages of the visit there will be first aid provision if required by the boys.



Please complete this form and return to school by: Wednesday 22nd March 2017

**SCHOOL PARTY/VISIT CONSENT
OF PARENT/GUARDIAN (FORM V)**

Pupil
School Party to
Date(s) of Party/Visit
Name of Parents/Guardian

Notes – The Parents/guardian are required to complete and sign this form so as to reach the Office at the above address at least seven days before the start of the visit.

Nothing in this form excludes the legal rights of parents or pupil in the event of negligence by the School causing personal injury or death.

Transport – I/We consent to the pupil travelling by any form of public transport and/or in a motor vehicle driven by the party leader or other responsible adult member of the party.

Accident/Illness – I/We consent to all such emergency or other medical or dental treatment including inoculations, surgery or blood transfusions, which in the opinion of a qualified medical practitioner are necessary for the safety and well being of the pupil.

Health/Passport – I/We certify that to the best of our knowledge and belief the pupil is in good health and (if applicable) has a current passport and all necessary visas, inoculations and other entry requirements.

Personal Effects of the Pupil – I/We acknowledge that the pupil will be responsible for the safety of his/her money and personal effects and we will not hold the School responsible for losses unless caused by the negligence of the School.

Payments made by the School – If the School is required to lay out money to pay fines or compensation for damage caused by the pupil (whether alone or with others) or in consequence of the pupil’s carelessness and misconduct or of any accident or illness of the pupil, I/We will within 30 days of the request refund such money in full to the School on the understanding that the School will assist in pursuing any insurance claim that may be available.

I/We have read the information provided about the proposed educational visit and the insurance arrangements and consent to our son taking part in the visit.

I/We will ensure that any change in the circumstances that will affect our son’s participation in the visit will be notified to the School prior to the visit.

Signed Signed
Father/Guardian Mother/Guardian
Date Date



MTP MEDICAL FORM (1V)

Please complete this form and return to school by: Wednesday 22nd March 2017

SCHOOL VISIT TO:

DATES OF VISIT:

CHILD'S NAME FORM/TUTOR GROUP.....

DATE OF BIRTH:

HOME ADDRESS:

.....
.....

Telephone Number: Home..... Mobile.....

EMERGENCY CONTACT:

Name.....

Address.....

Telephone Number: Home: Mobile:

DOCTOR:

Name.....

Surgery Address.....

Doctor's telephone Number

1. Does your son have any medical condition or has he been admitted to hospital?

Yes / No

If Yes, please give details:

.....
.....

2. Does your son have any allergies or phobias? Yes / No

If yes, then please state:

3. Does your son suffer from travel sickness? Yes / No

4. Is your son currently taking any medicine(s) on a long-term basis? If yes, please give full details (including asthma inhalers etc).

.....
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5. Have there been any contagious or infectious diseases suffered within the family during the last four months? Yes / No

Has your son suffered any other recent illnesses? Yes / No



If 'Yes' to either question, please give full details.

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.....

6. Does your son have any night time tendencies such as sleep walking or bedwetting?
Yes / No (If 'yes' state below)

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7. Last Tetanus Injection Date

8. Is your son a confident swimmer? Yes / No

9. Do you give permission for staff to administer the following medicines or treatments, if necessary? Please tick the appropriate box.

Medicine / treatment	Yes	No
Paracetamol tablets		
Paracetamol Liquid (eg Calpol)		
Sun cream		
Plasters – for cuts, grazes, blisters etc.		
Insect repellent cream		
Sting Relief Cream – for Insect bites		
Antihistamine e.g. Piriton - for allergic reactions		
Travel Sickness Tablets		
Cough & Throat Lozenges.		

10. I give my permission for members of staff to arrange any emergency medical treatment, should it be necessary.

FOOD ALLERGIES:

Please list below any foods that your child is *allergic* to –

NOT THE ONES HE DOES NOT LIKE!

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.....

SPECIAL RELIGIOUS FOOD REQUIREMENTS

If your child has any essential religious food requirements, please state them below:



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PARENT/GUARDIAN'S SIGNATURE:

DATE:



Please complete this form and return to school by: **Wednesday 22nd March 2017**

Code of conduct for Pupils on School Visits

Pupil's Name: _____

Form: _____

Visit to: _____

Date/s of Visit: _____

Pupils will be expected to:

- Observe Merchant Taylors' Prep Fair Rules
- Avoid behaviour which might inconvenience others
- Behave at all times in a way which reflects credit on themselves, the group and the school
- Co-operate fully and promptly with all staff and activity leaders at all times
- Remain with the group at all times when playing in the tournament.
- Ask staff for clarification if in any doubt about any matter
- Report any problems to staff as they arise and not wait to report them until after the visit
- Accept that a full written report of any misconduct will be given to the Headmaster and their parents

Signed: _____ Pupil

Signed: _____ Parent

Date: _____



Please complete this form and return to school by: **Wednesday 22nd March 2017**

Consent Form to Administer Medication – 2017

If your son will need medication during the visit, please complete this form and give to Mr Todd with the relevant medication on the day of departure.

Son's name Tutor
Group:

Name of medication

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Dosage instructions

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Reason why medication needs to be administered

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.....
.....

How long medication needs to be administered

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.....
.....



Does the medication need to be refrigerated?
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Does the medication need to come home at the end of the visit?
.....

Any other information that may be relevant
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.....
.....

I understand that due to the various activities scheduled, it may not always be possible to give the medication at the exact time requested, but that it will be given as close to this time as possible.

Signed Date
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