

## Oaklands Catholic School and Sixth Form College

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Our Ref: MB

10 May 2026

Dear Parent/Carer,

I am writing to request further information for the ski trip to Italy in February 2027.

There are several forms attached to this letter (and two links to online data collection forms); I would like you to return them as soon as possible, but by no later than Monday 8<sup>th</sup> June please. Please retain the exercise sheet instructions. The sheets are as follows:

- **Medical form** – The school has a form held on file at the school, but this version is more detailed and is essential for our trip.
- **Student details (online form)** – This is your child's information in terms of names, passports, measurements for skiing etc. Please access it [here](#)
- **Contact details (online form)** – This is so that I can contact you if there was a problem whilst we are away. Please access it [here](#)
- **Code of Conduct sheet** – Please go through this with your child and both sign it.
- **Skiing exercises sheet** – This is normally provided nearer the time, but a number of students have asked me for advice about what sort of exercises can be completed to ensure that they are 'ski-fit', so I thought I would provide it at this point. Mr. Wade will call a meeting just before Christmas to go through the exercises with the students.

Please complete the forms accurately **and return them to me (not the Finance Office/ Student Services)** in a **sealed envelope with your child's name along with 'Ski Trip 2027 Information' written on it by Monday 8<sup>th</sup> June**. Please contact me if any information changes between now and the commencement of the trip.

**Dry Slope training** - Those students with no previous experience of skiing will be given the opportunity to visit Calshot Activities Centre before the trip to ski on the dry ski slope. I have yet to organise this, but will provide details to those who need it nearer the time. The cost is likely to be in the region of £30 and will take place one evening after school probably just before the Christmas holidays.

**Trip Information Evening** - This will take place on **Tuesday 10<sup>th</sup> November at 6.00pm in the Main Hall**. During the evening, we will explain our plans for the trip, show pictures taken on previous visits, discuss clothing required and go through things such as code of conduct. **This is an important meeting, and we expect every skier and their parent/carers to attend.**

**Passports and EHIC/GHIC cards** - Every child must be in possession of a passport (and a visa depending on which country issued your child's passport - not needed for UK/EU passports). Please ensure that it is up to date (i.e. it has at least 3 months left before expiry for the duration of the trip) and if it needs to be renewed that it is completed in plenty of time.

Every child will also need a European Health Insurance Card (EHIC)/ Global Health Insurance Card (GHIC); please make sure it expires after February 2027. If your child has an existing EHIC/GHIC, it will remain valid until the expiry date on the card. You can apply for a new card up to 6 months before your current card expires. You can apply for an GHIC card online and it is free to obtain one - [Applying for healthcare cover abroad \(GHIC and EHIC\) - NHS \(www.nhs.uk\)](#)


**Finance Reminder (as of 8/5/26 – you should have paid £815 by now)**

You have paid so far:

It is a condition of the insurance that every child is in possession of a card. It is your responsibility to ensure that your child is in possession of a passport and EHIC/GHIC. Please apply in plenty of time to the relevant authority.

If you have any queries please do not hesitate to contact me by email - [m.bamford@oaklandscatholicschool.org](mailto:m.bamford@oaklandscatholicschool.org)

Yours faithfully,



Mr M Bamford – Ski Trip Organiser, Assistant Headteacher

**Medical and Consent Form**

Name of Establishment: \_\_\_\_\_

Visit: \_\_\_\_\_

Date/s: \_\_\_\_\_

**Personal Details of Participant**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Mobile (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male / Female (delete as appropriate)

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Emergency contact must be contactable for the duration of the visit / activities

Emergency Contact – 1) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact – 2) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Any special dietary requirements? \_\_\_\_\_

**Medical Information**

Name and address of participant's Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ NHS Number (if known): \_\_\_\_\_

**Has the participant had or have any of the following?** *Where 'YES', please give specific details overleaf.*

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Sleepwalking	Yes	No
Regular medication	Yes	No	If a residential, overnight care considerations	Yes	No

**Is the participant receiving:**

Support and/or treatment for mental health from their counsellor or Doctor? Yes No

Medical or surgical treatment of any kind from their Doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

*If the answer to any of these questions is Yes, please give details overleaf (including name, dosage of any medicines)*

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

**Consent for programmed water sports and water related activities**

*(e.g. kayak, canoe, sail, windsurf, rafting, etc., or activities involving water e.g. caving, gorge walking)*

Please tick **ONE** of the boxes below to confirm the water confidence and swimming capability of the participant.

Ticking either box **confirms your consent** to your child undertaking water activities within the programme provided.

This information will be passed to the Activities Provider to support any appropriate adjustments for inclusive participation.

A) My child and or I am water confident and can swim (including can submerge head without becoming distressed).

B) My child and or I am a non-swimmer and/or may be nervous in and around water.

NB: If the planned water activities require a specific swim distance and or competence to take part, then this should be clearly communicated to the participants and or parent/guardian to gain this information. **If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space overleaf.**

<b>Medical and Consent Form</b> Name of Establishment: _____ Visit: _____ Date/s: _____
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**Additional Medical, Support Needs Information for the planned visit:** (Add additional sheets if required).

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**Consent for the Visit**

I confirm that I have parental responsibility for \_\_\_\_\_

He/she is in good health and I consent to him/her taking part in **ALL** activities set out in the visit information.  
*(Any variation to this should be noted overleaf or above).*

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.  
 In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader. I accept that, by their nature, adventure activities and educational visits may involve some level of risk which cannot be fully eliminated, and I consent to my child taking part.

\_\_\_\_\_ Print name here: \_\_\_\_\_  
 Signed by person with parental responsibility for participants under 18 years of age.

\_\_\_\_\_ Print name here: \_\_\_\_\_  
 Signed by participant if aged 18yrs and over.

Date: \_\_\_\_\_

**Image Consent - Note to visit leaders** - Consent must be obtained if you intend to use images of identifiable young people and adults.  
 Schools should already have Image Consent in place as part of their enrolment procedures.  
 All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpage-  
<https://hants.sharepoint.com/sites/CESC/SitePages/Guidance-and-consent-forms.aspx?web=1>

**GDPR Statement**

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.  
 This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe.  
 This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.  
 You have some legal rights in respect of the personal information we collect from you.  
 Please see our website Data Protection page for further details: [www.hants.gov.uk/dataprotection](http://www.hants.gov.uk/dataprotection)

# Code of Conduct Ski Trip

Name: \_\_\_\_\_

Tutor Group: \_\_\_\_\_



## SKI TRIP DO'S AND DON'TS

### Hotel:

- In OWN room – record and report any damages carefully on the form and hand into the member of staff on your floor.
- Use areas on each floor for socialising NOT in each other's rooms.
- Find out the members of staff on your floor so you know where to go in case of any problems at night.
- Lock your room in the morning when leaving for skiing and put the key on the reception counter.
- DO NOT lock your door at any time when someone is in the room.
- Be careful when moving around as there are lots of ornaments about. Please walk when inside and also don't shout as there are others using the Hotel.
- Do not use the lifts or phones.
- Balconies – If you have one don't use it.
- Meals:
  - Be prompt
  - Go to the toilet etc. before coming down.
  - One person to collect water and everyone else stay seated.
  - Wait to be dismissed.
  - No mobile phones/ game devices/ hats at the table

### Skiing:

- Make sure you have all your ski gear for the day ahead (ski pass, gloves & goggles essential!). Listen to advice about layers of clothing etc.
- Report to your ski muster group leader at instructed times. (Start of day, lunchtime, end of day)
- Stay with your Ski Instructor and group at all times. Never ski alone (you are only to ski under the supervision of your instructor or Oaklands member of staff).
- Never go anywhere on your own
- Stay on the marked pistes

I agree to the above. If any of these rules are broken (and I am sure they will not!) and behaviour is deemed **unacceptable and unsafe** then the pupil will be sent home at the cost of the Parents/ Guardians.

**Pupil Signature:** .....

**Parent/Guardian Signature:** .....

**Date:** .....

## PRE SKI Exercises

To obtain the maximum enjoyment from your ski holiday it is important to be physically fit. Fit skiers are not too tired to enjoy their holiday and are much less prone to accidents on the ski slopes. The following ski exercises are designed to ensure that you are fit enough to make the most of your skiing holiday. Special emphasis is put on the development of leg and ankle muscles where most of the strain is taken. The exercises should be performed daily starting 6 weeks before departure.

### 1 Fingers to heels

Stand up straight. Slowly lower fingers to touch heels. Hold for 10 seconds and return to upright position. Repeat up to 10 times.



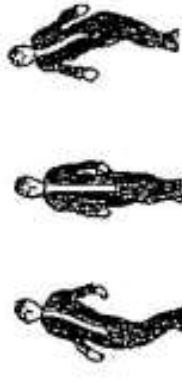
### 2 Shush

Stand with arms forward with feet flat on ground and rhythmically swinging arms whilst bending and stretching legs. Repeat up to 20 times.



### 3 Twist

Stand with feet and knees together. Push knees out to left then right alternately. Repeat 10 times.



### 4 Forward stretch

Stand holding firm support. Step backwards as far as possible and press heels down. Return to standing position. Repeat up to 10 times.



### 5 Step up

Place right leg on bench. Stand on bench. Take right leg off bench. Take left leg off bench and stand upright. Repeat up to 15 times.



### 6 Trunk curl

Lie on back, hands on thighs. Lift back up and stretch arms to touch knees. Repeat up to 15 times.



### 7 Snow Plough

Stand with feet apart, toes pointing in and knees over feet. Transfer body weight over the inside of one foot and then the other. Repeat 10 times.



### 8 Burpee

Stand upright then move to squat position with hands on floor. Spring legs straight back, return to squat position, and then to a stand. Repeat up to 15 times.



### 9 Wall sit

Take sitting position against wall with arms by side. Hold for one minute. Swing arms out and return to standing position.

