



Headteacher / Prifathro: Ms C-A Morris

13th June 2022

Dear Parent/Carer,

RE: WAVE - Port of Milford Haven water safety event

The school has been invited by The Port of Milford Haven to attend a water safety event, taking place at Mackerel Quay at Milford Marina. The event will take place over three days in June during National Drowning Prevention Week. The Port is working with members of the RNLI, the Fire Department and Dyfed Powys Police to deliver 3 workshops, with the aim to teach local pupils about the dangers in the sea and the marina. A particular issue tackled is tombstoning, which is also known as 'jumping'.

The Port of Milford Haven will host two groups of Year 7 pupils from Milford Haven School on 21st June. Group one will be picked up from school at 9.10am and will return by 10.45am. Group two will be picked up from school at 12.15pm and be returned by 2.10pm. If your child is in any of the following classes: **7.4, 7.5, 7.6, 7.9, 7Con, 7Tow**, they will need to bring with them a packed lunch or get their lunch from the canteen during break 1. Please note if your child is in receipt of free school meals then lunch will be provided for them from the canteen.

Workshops:

RNLI will discuss

1. Risk Assessment
2. Casualty Rescue
3. First Aid

Fire Department will discuss

1. Water & Harbour Safety

Police and Youth Service will discuss

1. Peer Pressure
2. Antisocial Behaviour
3. Emergency Call

The aim is to teach young people how to enjoy the waterways safely, risk assess their own activities and know how to recognise and deal with an emergency. Please see overleaf a permission slip with details on where to return it.

Yours sincerely

Miss Jodie Crolla
Communications and Grants Officer

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PLEASE RETURN THIS FORM TO MAIN RECEPTION BY 1PM ON FRIDAY 17TH JUNE

Pupil Name:.....

Form Group:.....

I give consent for my child to attend a water safety event at The Port of Milford Haven.

Signed.....

Relationship to child:.....

Personal Details

Pupil Name _____
Address: _____

Tel. No.: _____ DOB: _____

Contact Details

Contact Person _____
Emergency Contact No. _____

Medical Information

Please list below any medical conditions which may affect your child whilst on this visit. Please include details of medication to be taken.

Dietary Requirements

Please list below any special dietary requirements that your child has. Please include details of any allergies.

Please tick if your child requires a packed lunch instead of their normal free school meal.

Declaration

I understand that neither the County Council nor its agents will be held responsible for any injury or death which may arise either directly or indirectly from or out of the administration of any prescribed medication by an appointed member of staff, other than through the County Council's negligence.

In addition, I/we agree that in the event of a serious accident that my child may receive emergency medical treatment which may include anaesthetic and/or, blood transfusion as may be considered necessary by the medical team treating my child.

I/we have studied and am/are clear as to the type and amount of cover provided by the insurance cover arranged for this educational visit.

Having read all the information provided I give my consent for my child to attend and participate in this visit.

I give permission for my son/daughter..... Form

Signed: _____ Date: _____

