

Primrose Hill Primary School

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Monday 12th September 2016

Dear Parents and carers,

We are all looking forward to our trip to The Mill (28th -30th September), but as you know we require certain essential information from you so that we can prepare the centre for our visit. Please return the attached form as soon as possible.

Medical Information

Please indicate on the form provided if there is any medical condition your child is being treated for. We also need to know of any allergic reactions your child may show. Please ensure that you send **sufficient supplies of any required medication for the full duration of the stay**. Medication should be clearly labelled with your child's name and the time and size of the dose to be administered. All medication will be kept safely by us. We will always check that children who use inhalers are carrying them at the start of every activity. Please make sure that if your child requires a travel sickness tablet you have included enough for the return journey and place this with his/her other medication. You are also required to complete the consent for us to administer medical attention to your child.

Dietary Information

In order for the catering team to plan sufficient menu options, please indicate any specific needs your child requires. Please include vegetarian options, religious dietary needs as well as specific food allergies.

Trip Timings

Please bring your child to school at the normal time of 8.55 on Wednesday 28th September. We will be arriving **back at school at approximately 12.30 on Friday September**. Please make arrangements for your child to be collected at that time.

Please fill in the medical and dietary form on page 2 and return it to your child's class teacher as soon as possible. We need the contact details for every child on the trip.

Kind Regards,

Year 5 Team

Head Teacher: Robin Warren



Residential Kit List

Students need to wear tracksuits, school PE kit or comfortable casual clothes with trainers or walking boots on their feet.

Tight clothes, jeans, jewellery and sandals/flip flops are not suitable.

- A rainproof coat with a hood/ a warm coat
- Sleeping bag and pillow case.
- A second pair of trainers
- Two complete changes of clothes (2 pairs trousers, 2 t-shirts and 2 sweatshirts/jumpers)
- Plastic bags to put wet or muddy clothing in.
- Two changes of underclothes & socks
- Pyjamas & slippers.
- Towel, washbag and contents (toothbrush, toothpaste, body wash etc).

**It is preferable if kit is packed in a holdall, not a suitcase.
Ideally all items should be labelled.**

**No valuables – mobile phones/ electronic games/ no money (no shop)/
no food (packed lunch for first day only)**

Medical Needs Form Y5 Residential

Child's Name **Class**

PARENT'S/GUARDIAN'S DETAILS

Mr/Mrs/Miss/Dr/Other.....

Address:
.....

Mother /Guardian Telephone Details –:Home

Work: Mobile:.....

Father /Guardian Telephone Details –: Home.....

Work: Mobile:

To be used in an emergency if parents/guardians are unavailable

Emergency Contact Name

.....

Address
.....

Postcode:

Telephone No:.....

Child's Doctor

Name:.....

Surgery Address:
.....

Telephone No:

Head Teacher: *Robin Warren*



Medical Information (any health problems such as Asthma, Eczema,)

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.....

Dietary Information (Food your child must not eat for health or religious reasons)

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Allergy (e.g. nuts /medicines)

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Anything else we need to know about your child: (wets the bed, sleeps with lights on etc.)

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.....

Does your child need to take any medication regularly that would be needed on this trip? eg Inhalers, Epi Pens. Please indicate what this medicine is.

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I M P O R T A N T

I give my permission for this medication to be administered to my child as stated.

I give my permission for medical treatment to be given to my child by a medical practitioner in the event of an accident.

In the event that my child behaves in a way that is dangerous or unacceptable in accordance with the school's Behaviour Policy, I confirm that I am prepared to travel to the centre at my own expense to collect him/her.

Signed (parent / carer): _____

PRINT NAME: _____