

Primrose Hill Primary School

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Tuesday 12th September 2017

Dear Parents and carers,

We are all looking forward to our trip to The Mill (4th - 6th October), 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 MEDICAL FORM by Monday 18th September (please hand into the office, not the class teacher).

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, this can be handed into the class teacher before we leave, or on the Morning of 4th October.**

Medication should be provided in a tuppaware box **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

Departure 4th October

- Please bring your child to school at the normal time of 8.45 on Wednesday 4th October. We are aiming to leave by 9:30am.
- They will need a healthy packed lunch for that day, which they will eat when we arrive

Arrival back to School 6th October

- We aim to be arriving back at school at around 12.30 on Friday 6th October, but we will send a text when we are on our way with a more accurate time of arrival. Please make arrangements for your child to be collected at that time. The children will NOT have had lunch.

Kind Regards,

Year 5 Team

Head Teacher: Robin Warren



The Mill Residential Kit List

Please make sure you have packed the items on the list. **All children will need to carry their own bags, so please don't over pack.** We recommend packing items in a holdall that can be carried, if they have a small suitcase it will be dragged on the ground and will get muddy.

Please ensure all clothes, toiletries and bags are labelled with your child's full name. We recommend also packing a black bin-bag for dirty clothes.

Please do not buy or pack new clothes, as they will get dirty and muddy. Warm, comfortable clothes and lots of layers are the best way to go. Tight clothes, jeans, jewellery and sandals are NOT suitable.

Please tick once you have packed these items:

● A small rucksack with a packed lunch for the first day, a bottle of water (that can be reused) and maybe a card game/ book/ diary	
● Sleeping bag and pillow case	
● If you have some, wellington boots	
● A rainproof coat with a hood/ or a warm coat	
● 2 pairs of trainers (older ones are better as they will get muddy)	
● Two complete changes of clothes (2 pairs trousers, 2 t-shirts and 2 sweatshirts/jumpers)	
● Plastic bags to put wet or muddy clothing in	
● At least 2 changes of underclothes & socks	
● <u>Warm</u> pyjamas (this can be extra leggings / hoodies)	
● A towel and toiletries (toothbrush, toothpaste, soap etc)	
● Torch (optional)	

An extra tip: Label 2 plastic bags with Day 1 / Day 2 with their clothes in it will help them getting ready each morning.

Please make sure that NO VALUABLES are packed (mobile phones / electronic games / money etc is packed). Please do not pack any extra food / snacks for the children.

Medical Needs Form Y5 Mill Residential

Please print in legible handwriting so we can read all important information.

Child's Name	Class
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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:

<p>To be used in an emergency if parents/guardians are unavailable</p> <p>Emergency Contact Name</p> <p>Address</p> <p>Postcode:</p> <p>Telephone No:.....</p> <p>Child's Doctor Name:.....</p> <p>Surgery Address:</p> <p>Telephone No:</p>

Head Teacher: Robin Warren



Medical Information & Medication Needed (any health problems such as Asthma, Eczema, travel sickness)

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

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Allergy & medication if needed (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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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: _____