

19<sup>th</sup> April 2016

Dear Parents

**Re: Year 4 and 5 Residential Visit – Monday 23<sup>rd</sup> to Friday 27<sup>th</sup> May 2016**

I am pleased to confirm the finalised details for the above trip, which are as follows:-

**Venue:** Adventure Central, Minehead, Somerset

Tel: 0800 246 1858 (*Please note this number is only for use in cases of real emergency*)

**Departure:** Arrival at school at 9.15 am for a prompt 9.30 am departure on Monday 23<sup>rd</sup> May. We would ask you to ensure that your child has a light breakfast before departure. Please provide your child with a packed lunch which will be eaten on route. Your child may bring sweets for the journey and bottled water (sports tops preferred) but we would ask you not to send them with chocolate bars or fizzy drinks.

**Luggage:** Luggage **MUST** be brought into school on Friday 20<sup>th</sup> May and left in the school Oratory. This will enable us to load the coach for a prompt 9.30 am departure on Monday. Children should only bring hand luggage on the morning of departure. **PLEASE NOTE THAT WE WILL BE UNABLE TO WAIT FOR LATE ARRIVALS.**

**Return:** Friday 27<sup>th</sup> May. St James the Great School at approximately 5.30 pm.

**Staffing:** Mr Beck, Mrs Lawless, Miss O'Connor, Mrs Grabiec, Mrs McGuire, Mrs Marchant, Mr Lawless and Mr Anoff.

**Medication:** If your child is on regular medication please ensure this is clearly labelled with required dosage and your child's name. This should be handed to Mrs Lawless on the morning of departure. Please return the attached medical form as soon as possible and by Monday next, 25<sup>th</sup> April, at the latest.

**Pocket Money:** It is recommended that your child brings no more than £12 pocket money for the time away. This is purely spending money as all other costs have been included. Please send your child's money (preferably in £1 coins) in an envelope marked with his/her name and the amount enclosed to school on Wednesday 18<sup>th</sup> May. This is issued on a daily basis and children are encouraged to budget their own spending money. Your child is permitted to bring a maximum of £5 for use on the journey.

**Home Contact:** Your children are not permitted to telephone home whilst away so please do not ask them to do so. We would accordingly ask you not to permit your child to bring a mobile phone with them. Should you need to contact us whilst we are away please telephone the Centre number above and leave a number on which to call you back. We will return your call as soon as possible. Any letters sent to the children should be clearly marked at the top left of the envelope: "St James the Great School Party".

**Clothing List:** I would draw your attention to the attached Clothing List. We have a large party this year and luggage space is at a premium. Please pack your child's luggage in a **SMALL** holdall/soft bag.

**Birthdays:** If your child has a birthday while we are away, please let us know so we can make suitable arrangements. If you wish presents or cards to be given on the day please give them to a member of staff on the day of departure in a bag labelled with your child's name.

If you wish to check our safe arrival at the Centre please telephone the school on 020 8771 3424 and choose Option 1 between 3 and 4 pm.

To confirm our return time to school on Friday parents may call 020 8771 3424 and choose Option 1 between 4.15 and 4.45 pm.

Yours sincerely

Mr S C Beck  
Headteacher

## **SUGGESTED CLOTHING LIST**

All items brought by the children should be clearly labelled with their names and, if possible, the school name.

Warm coat/Waterproof Jacket x 1

Scarf, gloves and hat x 1

Tracksuit bottoms/leggings x 3

Sweatshirts/hoodies/fleece x 2

T-shirts x 4

Shorts x 1

Night-clothes x 1

Underwear x 5

Socks x 5

Plimsolls or trainers x 1

Spare plimsolls or trainers that you don't mind getting muddy x 1

Disco/evening clothes x 1

Towel

Washbag including toothbrush, toothpaste, soap, suncream, hair ties for long hair

Plastic bags for dirty clothes

Any medication including asthma inhaler

An alarm clock and/or watch would be useful but please don't buy one especially

A black bag with your child's name on for the return journey for sleeping bags and pillows.

Possible extras (at their own risk):

Torch, notebook, pencils, books, magazines and comics, clock, plastic bags, camera, Ipod/MP3 player.

**ST JAMES THE GREAT RC PRIMARY AND NURSERY SCHOOL**

**SCHOOL MEDICAL CONSENT AND ESSENTIAL INFORMATION FORM**

**CHILD'S NAME:** ..... **DATE OF BIRTH:** .....

**HOME ADDRESS:** .....

**NATIONAL HEALTH No:** .....

**EMERGENCY CONTACT NUMBERS**

**Daytime:**  
**Name:**  
**Tel:**  
**Mobile:**

**Evening:**  
**Name:**  
**Tel:**  
**Mobile:**

**DOCTOR'S NAME AND ADDRESS:**

**MEDICAL INFORMATION**

Please give details of any medical condition or special requirements your child has e.g. asthma, diabetes, epilepsy, medicines to be taken. It is also important for us to know if your child has any phobias, toileting or night-time difficulties that we should be aware of to avoid embarrassment.

Please give details of any allergies your child may have e.g. nut allergy:

*My child **has/has not** had tetanus immunisation (N.B. usually part of their pre-school booster).*

We carry with us supplies of Calpol 6 plus and Piriton Syrup for use should it become necessary. This will be administered to your child if the need arises unless you advise us in writing that you would not want your child to be given these proprietary medicines.

Please give your child travel sickness precautions if necessary before we depart on Monday. Clearly labelled tablets may be handed to a member of staff for the return journey.

**I confirm that while on school trips my child's group leader is acting in loco parentis and I agree to my son/daughter receiving any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities present. I further consent to the group leader signing on my behalf any forms of consent requested by the medical authorities.**

**Signed: ..... (Parent/Guardian)**

**SPECIAL DIETARY REQUIREMENTS**

Please give details of any particular requirements your child has, e.g. vegan, diabetic, coeliacs, gluten free, milk free, vegetarians,