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27th January 2017

Dear Year 4 Parents and Carers

Re: Meeting for Sayers Croft Residential Trip (6th to 8th March 2017) on Tuesday 7th February at 6.00pm

The Year 4 residential trip to Sayers Croft will soon be upon us. There will be **a meeting for Year 4 parents and carers on Tuesday 7th February at 6.00pm in Class 4L** when we will give more details of the visit, and answer any questions you may have. We would be most grateful if at least one parent from each family could attend, and would ask you to indicate this on the slip below.

In the meantime we are able to inform you about the activities that the children will undertake during their stay. These are as follows:

Pond dipping
Wildlife Talk
Orienteering

Nature Explorers
Shelter building

Maze & Blindfold Trail
Earth walk

Challenge Course
Climbing Wall

All the activities are led and supervised by experienced instructors and ourselves.

We enclose the following forms which have to be completed prior to the trip:

- Personal and Medical Details Form
- Emergency telephone tree letter

These forms, together with the consent form below, must be returned to the teacher by **Thursday 9th February. Please inform us if there are any changes to this information prior to the trip.** Please take care to complete all sections of the forms and both sides where appropriate.

Finally we enclose a kit list to help with the preparations for the visit, which we hope you will find useful.

We are looking forward to what should be an enjoyable and educational visit. In the meantime please do not hesitate to contact us if you have any queries about the trip.

Yours sincerely

Mrs E Toulson

Mrs D Wright

Sayers Croft – 6th to 8th March 2017

Child's Name.....

Class.....

Pond dipping
Wildlife Talk
Orienteering

Nature Explorers
Shelter building

Maze & Blindfold Trail
Earth walk

Challenge Course
Climbing Wall

Please delete as appropriate*

a) I consent to my child taking part in all these activities.

Yes* / No*

b) I / We will be able to attend the Information evening on Tuesday 7th February

Yes* / No*

Signed.....
(Parent/Guardian)

Date.....

Please return this slip with completed forms by Thursday 9th February 2017



Sayers Croft Kit List – 6th to 8th March 2017

Please pack everything (where possible named) in a named, soft bag – no suitcases

- ❖ Pencil case with coloured pencils, pen, pencil and eraser
- ❖ 1 book to read
- ❖ Pack of cards (optional)
- ❖ Plastic bag for dirty laundry
- ❖ Cuddly toy
- ❖ A packet of biscuits for snacks (to be handed to Mrs Toulson or Mrs Wright on the morning of the trip)
- ❖ Torch
- ❖ 1 hand towel
- ❖ 1 bath towel
- ❖ Complete wash bag
- ❖ Light waterproofs
- ❖ Wellingtons/walking boots
- ❖ Trainers or other outdoor shoes
- ❖ Slippers or plimsoles for indoor wear
- ❖ Warm night clothes and dressing gown or similar
- ❖ 4 sets of underwear
- ❖ Warm thick socks
- ❖ 3 T-shirts
- ❖ 2 sweatshirts
- ❖ Jumpers
- ❖ 2 pairs of tracksuit trousers or equivalent – **no denim**
- ❖ Woolly hat
- ❖ Gloves
- ❖ Scarf
- ❖ Warm coat
- ❖ £5.00 spending money in a named purse or envelope (to be handed to Mrs Toulson or Mrs Wright on the morning of the trip)

Please do not bring valuables or special clothes, as we cannot be responsible for them. Please ensure that all items are clearly named.

No electronic games consoles, mobile phones or cameras are allowed.

Please ensure that all medication is clearly labelled with name and dosage, and given to Mrs Toulson or Mrs Wright on the Monday morning of departure.



PERSONAL AND MEDICAL DETAILS

Sayers Croft 6th to 8th March 2017

PUPIL'S NAME..... Class.....

DATE OF BIRTH.....

PARENT'S NAME AND INITIALS.....

HOME ADDRESS.....

.....

.....

TELEPHONE NO:.....

EMERGENCY CONTACT NAME:..... TEL NO:.....

NAME & ADDRESS OF FAMILY DOCTOR:.....

.....

..... TELEPHONE NUMBER:.....

FOOD ALLERGY

Please give details of any food that your child **CANNOT** eat:

.....

.....

Has your child had any of the following (*please circle appropriate answer*):

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or backouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies, eg material, food, insect bites etc	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of the questions overleaf is YES, please give details:

.....

.....

Continued over the page

Has your child received vaccination against Tetanus? YES NO

Date if YES.....

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES * NO

Has your child been given specific medical advice to follow in an emergency? YES * NO

* If the answer to either of these questions is YES, please give details:

.....
.....

MEDICINES

Any medicines that need to be taken during a school journey must be handed by the parent/carer to the member of staff in charge of medicines. The medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.

1. Will your child need to be given any medication during this trip? If so, please indicate:

- ❖ Medication and reason for taking.....
- ❖ Dosage.....
- ❖ If your child uses an **Inhaler**, please indicate whether this should be kept (please tick)

During the day (a) with your child..... or (b) with the group leader.....

During the night (a) with your child..... or (b) with the group leader.....

- ❖ If your child uses an **Epipen**, please indicate whether this should be kept (please tick)

During the day (a) with your child..... or (b) with the group leader.....

During the night (a) with your child..... or (b) with the group leader.....

Please also give details of the allergy such as symptoms, severity and whether/when you have had to use an Epipen:

.....
.....

2. I give my permission for the above to be administered by one of the group leaders and I will ensure that I explain the use and dosage of the medicine in advance of the trip.

3. I consent to any emergency medical treatment necessary during the course of the visit.

4. I consent / do not consent * (* ***delete as appropriate***) to my child being given a mild painkiller (paracetamol) if considered necessary by the party leader.

ANY OTHER RELEVANT INFORMATION (please complete if appropriate):

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

Signed.....Date.....
Parent/Guardian



Sayers Croft 6th to 8th March 2017

Child's Name..... **Class**.....

Emergency telephone tree details - *this will be used to inform you of any serious delays or unforeseen changes to travel details*

If you wish to be included on the emergency telephone tree please complete the table below clearly with 2 contact names and numbers - one for daytime and one for evening.

Please note that by completing this, your phone numbers will be available to all the parents in your child's class.

Contact Name Parent/Carer (block capitals)	Daytime Number	Evening Number
1.		
2.		

If you do not wish to be included in the emergency tree please give here two contact names and numbers for the parent/carer that will be available to our group leaders:

1. Contact Name:.....

Daytime No:.....

Evening No:.....

2. Contact Name:.....

Daytime No:.....

Evening No:.....

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

