



Busbridge CE (Aided) Junior School
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Headteacher

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Tuesday 10th September 2019

Dear Year 6 Parents and Carers

Re: Windmill Hill Residential Trip – 23rd to 27th September 2019

We are sure the children will be looking forward to their residential trip to Windmill Hill. Please find attached the following form and consent slip below to be completed in preparation for the trip – please complete and **return both by latest Monday 16th September.**

- Personal and Medical Details Form

Please also find attached the kit list which is a guide to what your child needs to take on the trip. If you have any queries please do not hesitate to contact us.

Please note that if we need to contact parents as a class group (eg. in the case of late arrival home of the coach), we will contact you by a generic group text or email to all parents. If we need to contact you about an individual child, parents will be contacted individually. It is, therefore, **very important that you ensure you have supplied the school with the correct contact details.**

We will send a **test generic text/email message to the year 6 parents on Wednesday 18th September about 11.00am.** Please let us know if you do not receive this text/email.

Yours sincerely

Mr D Evans and Miss S Mistry
Class 6 Teachers

Year 6 Residential Visit to Windmill Hill, East Sussex – 23rd to 27th September 2019

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

I give permission for my child to take part in the Windmill Hill residential trip YES / NO

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 YES / NO

I understand that those supervising the visit are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent YES / NO

I certify that so far as I am aware my child is medically fit* to undertake this trip and associated activities and there are no known health reasons why he/she should not do so. (**Please give details on the medical form attached if your child suffers from any medical condition of which, whilst not affecting his/her ability to undertake this trip, you consider the Party Leader should be aware of*) YES / NO

I consent to any emergency medical treatment necessary during the course of the trip and sharing my child's details with relevant medical personnel if required YES / NO

I have completed & returned the personal/contact and medical details form YES / NO

I give consent for my child to have their photograph taken on this trip for use on the school website and school newsletter. You can withdraw this consent at any time. YES / NO

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

Please complete and return this slip by Monday 16th September 2019



Headteacher

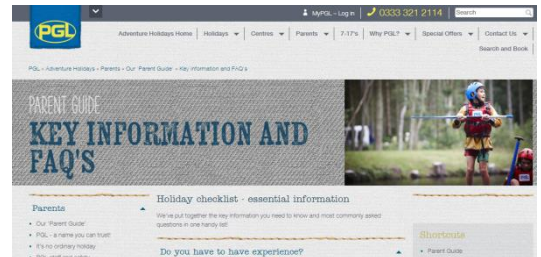
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Windmill Hill 2019 kit list

- Walking boots (optional)
- Trainers for general activities
- Footwear that can get wet for water activities (old trainers, rock shoes. Not flip flops, crocs open-toed sandals)
- Swimwear x1
- Socks and underwear for every day plus 2 spare
- Shorts x3 (please make sure that they cover the thighs for activities that involve climbing and harnesses)
- Trousers/ track suit bottoms x3 (no jeans as they will not dry)
- T-shirts/ shirts x 7 (include long sleeved)
- Jumper/ sweatshirt x3
- Sun hat/ sun cream
- Raincoat
- Pyjamas
- Cuddly toy for bedtime
- Towel x2
- Toilet bag with hairbrush, soap, toothbrush, toothpaste etc
- Torch
- Water bottle
- Pocket money £5 (in a named bag 5x£1 coins)
- Reading book
- Packed lunch for the first day in a disposable container. No fizzy drinks.
- Small pack of sweets we can share should children need a 'lift'.
- Several plastic bags to put wet clothes in.
- Bag/holdall preferably with wheels as the children will carry their own bags
- Wet suits should not be brought as they will not dry!



This is a guide to what to take. Please feel free to amend this as you require for your own child's needs.

NB. For medicines please refer to the medical form.

Please ensure that everything is named.

All bedding is provided. Safety equipment is provided.

No cameras, phones, electrical devices.

The PGL adventure holidays website has an excellent Parent Guide: Key information and FAQ section

<https://www.pgl.co.uk/en-gb/adventure-holidays/parents/our-parent-guide/key-information-and-faqs>



PERSONAL AND MEDICAL DETAILS - Windmill Hill Residential trip 23rd to 27th September 2019

PERSONAL DETAILS:

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

PUPIL'S DATE OF BIRTH.....

CONTACT DETAILS:

PARENT/CARER'S NAME

PARENT/CARER'S HOME ADDRESS.....
.....

PARENT/CARER'S TELEPHONE NO:.....

ALTERNATIVE EMERGENCY CONTACT NAME:.....

ALTERNATIVE EMERGENCY CONTACT TELEPHONE NO:.....

MEDICAL DETAILS:

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

..... TELEPHONE NO:.....

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

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	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 above is YES, please give details:

.....
.....

ALLERGIES:

Please give details of any allergies your child has (eg.material, animal, insect bites, food)

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

.....

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:

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MEDICINES:

Any medicines that need to be taken during a school trip must be handed by the parent/carer to the member of staff in charge of medicines.

Please ensure all medicines are in date and 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.....

.....

2. If your child uses an **Inhaler** or an **Epipen** these will be kept with the group leader. Please ensure these medicines are in date and clearly labelled with the child's name and dosage instructions.

❖ Please give details of the allergy such as symptoms, severity and whether/when your child has had to use an Inhaler or Epipen:

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3. 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. YES / NO

4. I consent to any emergency medical treatment necessary during the course of the visit and sharing my child's details with relevant medical personnel if required YES / NO

5. I consent to my child being given a mild painkiller (paracetamol) if considered necessary by the party leader. YES / NO

SWIMMING CONSENT:

My child is: Non swimmer* / confident in water* / can swim 50m* (please circle as appropriate*)

ANY OTHER RELEVANT INFORMATION (please complete if appropriate):

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.....

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

Please print name.....Parent/Guardian