



Headteacher  
Mr Richard Catchpole BSc (Hons) PGCE NPQH

Email: admin@busbridge-junior.surrey.sch.uk  
Website: www.busbridge-junior.surrey.sch.uk

Tuesday 21<sup>st</sup> January 2020

Dear Year 4 Parents and Carers

**Re: Sayers Croft Residential Trip – Monday 9<sup>th</sup> to Wednesday 11<sup>th</sup> March 2020**

Thank you for attending the meeting about the forthcoming Sayers Croft Residential trip. If you were unable to attend, a powerpoint of the presentation is available on the school website on the year 4 information page of 'Pupils and Learning'. Further to the meeting, this letter contains information about the activities that the children will undertake during their stay, a kit list and a Personal and Medical Details form which we need you to complete ahead of the trip.

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

Pond dipping	Nature Explorers	Maze & Blindfold Trail	Challenge Course
Wildlife Talk	Shelter building	Earth walk	Climbing Wall
Orienteering	Evening walk	Disco	

**Kit List:** We enclose a kit list to help with the preparations for the visit which we hope you will find useful.

**Personal and Medical Details Form:** We also enclose a Personal and Medical Details Form which needs to be **completed and returned, together with the consent slip below, to the class teacher by Monday 10<sup>th</sup> February 2020.** Please take care to complete all sections of the forms and both sides where appropriate. Please note if we need to contact you eg. in the case of late arrival home of the coach, we will contact you by text/email. General updates about the trip will be posted on the school website and emailed on a daily basis.

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 faithfully

Mr Pearne

Mrs D Wright

Mrs E Toulson

**Sayers Croft Residential Trip – 9th to 11th March 2020**

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

I give permission for my child to take part in the Sayers Croft residential trip YES / NO\*

I consent to my child taking part in all these activities as listed below: YES / NO\*

Pond dipping	Nature Explorers	Maze & Blindfold Trail	Challenge Course
Wildlife Talk	Shelter building	Earth walk	Climbing Wall
Orienteering	Evening walk	Disco	

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 have completed & returned the personal/contact and medical details form 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 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\*

Please delete as appropriate\*

Parent/Carer (please print name ):.....

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

Please return this slip with completed forms by Monday 10<sup>th</sup> February 2020



### Sayers Croft Kit List – 9<sup>th</sup> to 11<sup>th</sup> March 2020

Please pack everything in a named, lightweight bag or suitcase that your child is able to carry or pull. Bags that can be pulled on wheels are ideal.

- 👉 Water bottle
- 👉 Pencil case with coloured pencils, pen, pencil and eraser.
- 👉 A book to read
- 👉 Plastic bag for dirty laundry
- 👉 Cuddly toy (optional)
- 👉 A packet of biscuits (NUT FREE) for snacks  
(To be put in class boxes on morning of departure)
- 👉 Torch for night walk
- 👉 1 small board or card game (optional)
- 👉 1 towel
- 👉 Complete wash bag
- 👉 Light waterproofs
- 👉 Wellingtons / walking boots
- 👉 Trainers or other outdoor shoes
- 👉 Slippers for indoor wear
- 👉 Night clothes and dressing gown
- 👉 4 sets of underwear
- 👉 Warm thick socks
- 👉 3 T-shirts
- 👉 2 sweatshirts / jumpers
- 👉 3 pairs of Tracksuit trousers or equivalent – **no denim**
- 👉 Woolly hat
- 👉 Gloves
- 👉 Scarf
- 👉 Warm winter coat
- 👉 Disco outfit
- 👉 £5 spending money in a named purse, envelope or money bag. This should be handed to Mrs Wright or Mr Pearne on the morning of departure.

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 Mr Pearne or Mrs Wright** on the Monday morning of departure.



**PERSONAL AND MEDICAL DETAILS - Sayers Croft Residential trip 9<sup>th</sup> to 11<sup>th</sup> March 2020**

**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)

.....

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:

.....  
.....

**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? YES / NO If so, please indicate:

❖ Medication and reason for taking.....  
.....

❖ Dosage.....  
.....

2. Does your child require: **an epipen** YES / NO or **an inhaler** YES / NO?  
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:  
.....  
.....

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

**ANY OTHER RELEVANT INFORMATION (please complete if appropriate):**

.....  
.....

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

**Please print name**.....**Parent/Guardian**