



St Joseph's

Catholic Primary School

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Monday 26th June 2023

Dear Parents and Carers,

RE:-Year 6 Residential – Friday 30th June – Monday 3rd July 2023

Please see attached the 'Medical Consent Form' for the Year 6 Residential trip Friday 30th June – Monday 3rd July. **This form must be returned by 3:30pm on Wednesday 28th June to process any new information. Any medication that is required by your child must be handed in on Friday to Mrs England, labelled in a clear plastic box with their full name and date of birth.**

On Friday morning the children come into school as normal at 8:40am with their luggage and we depart from school at 1pm (in their own clothes) and arrive between 3:30-4:00pm. Luggage will be placed in the downstairs KS2 room until we leave. On Monday we depart from Marchant's Hill at 2:00pm and should arrive back to school by home time. If there is any delay on our return, I will notify the school on route to update you.

Here is the planned schedule of the activities the children will be taking part in:

	Group		Session 1 8:50 - 10:20	Session 2 10:30 - 12:00		Session 3 14:00 - 15:30	Session 4 15:40 - 17:10		Evening 19:30 - 20:30
Friday	1	BREAKFAST			LUNCH		Arrive on Centre	DINNER	PGL Tournament (SN5-AREA4a)
	2						Arrive on Centre		PGL Tournament (SN5-AREA4a)
Saturday	1		Raft Building (RB1)	Zip Wire (ZW3)		Giant Swing (GS2)	Stand Up Paddle Boarding (SUP1)		Capture The Flag (CTF2)
	2		Raft Building (RB3)	Zip Wire (ZW4)		Stand Up Paddle Boarding (SUP1)	Giant Swing (GS2)		Capture The Flag (CTF2)
Sunday	1		Archery (A2)	Climbing (CL1)		Challenge Course (CC1)	Rifle Shooting (R1)		Disco (DIS2)
	2		Challenge Course (CC1)	Archery (A2)		Climbing (CL1)	Rifle Shooting (R2)		Disco (DIS2)
Monday	1		Orienteering (OR4)	Abseiling (AB1)		Depart			
	2		Abseiling (AB1)	Orienteering (OR4)		Depart			

Here is a link to the kit list: [PGL Kit list](#). Please make sure that you child has **sun cream, a hat, a labeled water bottle**. Make sure they have some spare clothes and underwear to change into in case they get wet and a bin bag to put their dirty clothes in to bring home. Here is also an activity list with examples of what to wear: [What to wear](#).

Children **are not allowed** to bring electrical devices of any kind, if they bring anything with them it will be confiscated and returned to you at the end of the trip on Monday. We will take photographs throughout the day and send them to the school office to update on the website.

I have added the link of the tour of the grounds that was shared in the presentation. <https://www.pgl.co.uk/Files/Templates/Designs/PGLCore/res/swf/virtual-tour/marchants/tour.html>

Further information can be found under the Parent Guide: <https://www.pgl.co.uk/en-gb/school-trips/resources/parent-guide/about>.

The children have £10 pocket money to spend at the small on site shop, please do not give them any additional money as they will not need it.

Please remind your child of our school code of conduct, they will be expected to listen to and follow all adult's instructions on school journey without exception.

'Learn together and grow in God's love'

Aspiration - Compassion - Community - Faith - Respect - Responsibility



Mrs Chaggar, Ms Clark and I are really looking forward to going away with the class, if you have any further questions please do not hesitate to ask.

Yours faithfully

A handwritten signature in black ink, appearing to read 'R England'.

Mrs R England
Year 6 Class Teacher



Parent consent form

(To be retained by school – PGL do not require a copy)

Emergency details

Child's Full Name _____

Full postal Address _____

Date of birth: _____


Place of birth: _____

Parent/Guardian full name: _____

Contact telephone numbers: _____

- Day: _____
- Evening: _____
- Mobile: _____

Important Medical and Dietary Details

Name of Doctor _____  _____

Please give details of any medical conditions, allergies or current medication. _____

Is your child allergic to any medication? Yes / No

If YES please give details. _____

Please give details of any special dietary requirements. _____

Medical Information (required for ALL students)

Date of last anti-tetanus injection:

Does your son/daughter suffer from (please tick as appropriate):

- Asthma
- Epilepsy
- Diabetes
- Bowel or bladder conditions
- Serious allergies (e.g. penicillin/nuts)
- Any other medical conditions
- Dietary Needs

Does your son/daughter have any problems with (please tick as appropriate):

- Mobility
- Hearing
- Speech
- Vision:

If you have answered YES to the medical conditions, please provide further details below:

Name and details of Medical Condition (please continue on a separate sheet if necessary):

Does your son/daughter need regular medicine on Prescription? YES/NO

Does your son/daughter need medication during school hours? YES/NO

If the answer to either of the questions above is YES then please provide details below including name and dosage of any medication.

Does your son/daughter have/require a Care Plan in school? YES/NO

Dietary Requirements & Food Allergies (please include details of ALL dietary requirements & food allergies e.g. nuts/dairy etc.)

<input type="checkbox"/> Artificial Colouring <input type="checkbox"/> Crustaceans <input type="checkbox"/> Gluten Free <input type="checkbox"/> Lupin <input type="checkbox"/> Mustard <input type="checkbox"/> No pork <input type="checkbox"/> Seafood allergy <input type="checkbox"/> Sulphur dioxide/sulphites <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Celery including celeriac <input type="checkbox"/> Eggs <input type="checkbox"/> Halal <input type="checkbox"/> Milk <input type="checkbox"/> No dairy produce <input type="checkbox"/> Peanuts <input type="checkbox"/> Sesame <input type="checkbox"/> Tree nuts	<input type="checkbox"/> Cereals containing Gluten <input type="checkbox"/> Fish <input type="checkbox"/> Kosher Foods only <input type="checkbox"/> Molluscs <input type="checkbox"/> No nuts of any type/quantity <input type="checkbox"/> Ramadan <input type="checkbox"/> Soybeans <input type="checkbox"/> Vegetarian
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Does your son/daughter currently use or carry an epi-pen YES/NO

Swimming Ability

Is your child able to swim 50 metres or more? Yes / No
 Is your child water confident (can duck head underwater & swim 15m in a life jacket/buoyancy aid without panic)? Yes / No
 Is your child unable to swim? Yes / No

Declaration

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Guardian

Date

The personal information supplied will only be used to allow PGL employees, agents, subcontractors and suppliers to provide the promised service to PGL's normal high standard.