

Waveney Valley Partnership



Academy Head, Waveney Valley Partnership– Simon Lea

Email: head.wvp@consortiumtrust.org.uk

Website: <http://www.waveneyvalleypartnership.org>

24th April 2024

Dear Parents/Guardians

Year 5 & 6: Bawdsey Manor Activity Centre (PGL)

The Year 5 & 6 residential is getting closer and we wanted to share some more information with you as we are sure you are eager to get all the necessary bits and bobs together ready for the 17th June! We will be leaving school on 17th June at 9.45 am, picking up at Hoxne before heading to Bawdsey. We will leave Bawdsey on the 19th June at around 1.30 pm and return to Hoxne then Mendham for around the end of the school day.

If you have any questions regarding the visit please take a look at this link

<https://adventureholidays.pgl.co.uk/camps/bawdsey-manor/> where you can see the venue and facilities; or email Mr Norfolk who can help with any questions on s.norfolk@consortiumtrust.org.uk

A reminder that any remaining balance are now due and this includes all the food from the evening meal on Monday, all the meals Tuesday and up to lunchtime on Wednesday. The cost of the activities and instructional coaches and the travel costs to and from Bawdsey.

Please find attached the following:

- Full kit list of what you will need to bring with you (please do not send expensive clothes as they will get dirty and wet)
- Parental consent form
- Medical forms (if required)
- Packed lunch form for those in receipt of FSM

Please note that if you do not have a sleeping bag please let your class teacher know as we MAY be able to access one and that WVP Schools is a NUT Free zone so please do not bring any nut products which includes sun tan lotions.

Yours sincerely,

Mr Sam Norfolk
Sycamore Class Teacher

Small Schools – Huge Ambitions



WHAT TO BRING

Please ensure that all items are named.

CLOTHING

Clothes are likely to suffer wear and tear and also get dirty and/or wet therefore you should bring several changes of **old clothes** for doing activities.



- ☐ **Tops & jackets**
 - ☐ T-shirts
 - ☐ Long sleeved shirt/T-shirts
 - ☐ Waterproof jacket
 - ☐ Fleeces/jumpers

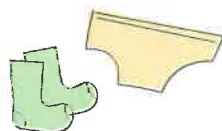
Your arms will need to be covered to do some activities.

- ☐ **Trousers or leggings**
but not jeans as they get heavy and cold when wet



- ☐ **Underwear & socks**
- ☐ 1 or 2 sets of **clothes for the evening**
- ☐ Suitable **nightwear** and **teddy**

Your socks will need to cover your ankles to do some activities.



FOOTWEAR

- ☐ **2 pairs** of trainers
 - 1 for activities
 - 1 old pair for watersports
- ☐ **1 pair of dry shoes** for evening activities



OTHER ITEMS

- ☐ **2 towels**
 - 1 for showering
 - 1 old one for activities

- ☐ Reusable **drinks bottle**



- ☐ Small **rucksack/bag**

- ☐ Labelled **bin bag** for wet and dirty clothing

- ☐ **Sleeping bag or duvet** and pillow (unless otherwise advised)

- ☐ **Washbag** including soap, shampoo, toothbrush and toothpaste (please do not bring Aerosols).

Hair ties for long hair.

PLEASE DO NOT BRING



TRAVELLING IN THE...



...SUMMER?

- ☐ Shorts
- ☐ Baseball cap/sun hat
- ☐ Sunscreen



...WINTER?

- ☐ Warm coat
- ☐ Hat and gloves

Lost property

We recommend you write a list of what you pack to check before you come home. If you do leave anything behind, please contact your party leader who will contact PGL. Postage will be charged for returning lost items.

Pocket Money

There is a small gift shop on site to buy souvenirs from therefore children can bring a maximum of £10 pocket money with them in a purse or wallet. It will be their responsibility to look after their own pocket money.

RESIDENTIAL Parental Consent form

CHILD's DETAILS:	
Child's Forename(s):	
Child's Surname:	
Child's Date of Birth:	
School Name:	
Visit(s) to:	Residential: Bawdsey manor
Visit(s) dates:	

I am willing for my child to take part in the above visit(s). I have received and read all the information provided and give consent for him/her to take part in the activities described.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

DOCTOR'S DETAILS:	
Doctors Name:	
Doctors Address:	
Contact details:	

Emergency contact information (if you are away from home during the visit please give an alternative address where you, or a relative/friend acting for you can be contacted).

HOME ADDRESS	
Name:	
Address:	
Contact details:	

ALTERNATIVE CONTACT ADDRESS (if required)	
Name:	
Address:	
Contact details:	

In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements

MEDICAL NOTES:	
Allergy/Dietary needs:	Please ensure that a medical consent form is completed
Medication supplied (clearly labelled)	
Dosage & Frequency:	
Medication supplied (clearly labelled)	
Dosage & Frequency:	
Medication supplied (clearly labelled)	
Dosage & Frequency:	

Please sign below to confirm that you are happy for the Class Teacher to administer the following in the event if required

MEDICATION	
Paracetamol Liquid	
Plasters	
Antihistamine liquid	
Antiseptic wipes	
Saline Eye Wash	
Sun tan lotion	

I understand that the Academy Head (or the person acting on his/her authority) will not be liable for any illness or injury to the child arising from the administering of the medicine, unless it was caused by negligence of the Academy Head or the person acting on his/her authority, as the case may be.

Date: _____ Signed: _____

Whilst on this trip, should your child feel slightly unwell, he/she may need to be given 'over the counter' medication to ease their discomfort. Provided each item on the list above has been clearly signed by you, we shall be in the position to take appropriate care of your child, should the need arise.

Annex B:

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. Prescription medicine must be in date and provided in the original container and include instructions for administration, dosage and storage.

Date for review to be initiated by				
Name of school/setting				
Name of child				
Date of birth				
Group/class/form				
Medical condition or illness				
Name/type of medicine (as described on the container)				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Self-administration – y/n				
Procedures to take in an emergency				
NB: Medicines must be in the original container as dispensed by the pharmacy				
Contact Details				
Name				
Daytime telephone no.				
Relationship to child				
Address				
I understand that I must deliver the medicine personally to	[agreed member of staff]			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature of Parent: _____ **Date:** _____

Annex C:

Record of Medicine Administered to a Child

Name of school/setting:	
Name of child:	
Date of birth:	
Group/class/form:	
Date medicine provided by parent:	
Name and strength of medicine:	
Quantity received:	
Dose and frequency of medicine:	
Expiry date:	
Date returned to parent:	
Quantity returned:	

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			

Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

