



SUTTON ST JAMES C.P. SCHOOL
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Head Teacher: Miss Claire Willows



8th June 2018

York and Scarborough Residential Meeting – Wednesday 20th June, 6pm

Dear Parents,

Would you believe that it will soon be time for your child to go to York on the residential visit! Time since we had our first meeting about the visit has flown by and I have been busy finalising all of the details and completing risk assessments for the visit.

On Wednesday 20th June we will be having a short meeting about the visit to let you know the exciting itinerary, what the children will need to take with them and our expectation of the children whilst we are there. The meeting will start at 6pm and there will be an opportunity for you to ask any questions that you have at the end of the meeting. Please find attached a brief kit list.

Please find attached a medical form for you to complete and return to school prior to the meeting. It is important that we have up to date contact details for you for the visit. If these change in the few weeks between completing the form and us going please ensure that you have let us know.

We look forward to seeing you, and your children, at the meeting when we can tell you all about this amazing visit which we are really looking forward to and which we are sure the children will remember for the rest of their lives!

Yours sincerely

Miss C Willows
Head Teacher

Kit List for York and Scarborough

- Something to sleep in (Pyjamas or nightdress)
- Changes of underwear
- Comfortable shoes x 2 pairs (trainers)
- Everyday clothing suitable for the weather that is forecast for our stay.
- Wash bag (including toothbrush, toothpaste, soap/showergel, hairbrush, deodorant/antiperspirant (roll on – NO SPRAY CANS), flannel/facewipes etc)
- Teddy bear
- Waterproof coat
- Sun cream and sunhat / cap
- Jumper / fleece in case weather changes
- Packed lunch and drinks for Tuesday in disposable containers or bags
- Water bottle to refill for Wednesday and Thursday
- Book / activity for the coach journey
- A maximum of £5 pocket money
- NO ELECTRONIC GAMES / GADGETS
- NO MOBILE PHONES
- NO EXPENSIVE OR SPECIAL ITEMS (JEWELLERY OR CLOTHING)
- NO SWEETS EXCEPT THE ONES FOR MIDNIGHT FEAST WHICH ARE TO BE GIVEN IN TO TEACHERS PRIOR TO DEPARTURE
- NO TOWEL REQUIRED

Sutton St James CP School

PARENTAL CONSENT FORM FOR A SCHOOL VISIT

SCHOOL: Sutton St James CP School

NATURE OF VISIT: Residential visit

1. Details of visit to: York and Scarborough, England

From: Tuesday 26th June 2018

To: Thursday 28th July 2018

I agree to _____ (name of child), taking part in this visit and have read the information. I agree to my child's participation in the activities described. I acknowledge the need for **him/her** to behave responsibly.

2. Medical information about your child
Please state

a. Any condition requiring medical treatment, including prescribed medication
YES/NO

If YES, please give brief details:

b. Please outline any special dietary requirements of your child (allergies or cultural / religious practices, **not preferences**)

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?
YES/NO

If YES, please give brief details:

d. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

e. When did your son/daughter last have a tetanus injection?

Contact telephone numbers: (e.g. Mum, Dad)

Name _____ Relationship to child _____

Work _____ Home _____

Mobile _____

Home Address _____

Name _____ Relationship to child _____

Work _____ Home _____

Mobile _____

Home Address _____

Alternative Emergency Contact: (e.g. Grandparent, Neighbour)

Name _____ Relationship to child _____

Work _____ Home _____

Mobile _____

Home Address _____

Name of Family doctor _____ Tele. Number _____

Address _____

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

3. Declaration

- I agree to my son/daughter receiving prescribed medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I give permission for my child to receive an appropriate dose of paracetamol based medication (e.g. Calpol) should it be required in the event of a headache or earache etc.

Signed _____ Date _____

Full Name (capitals) _____