

July 2015

**Dear Parents of Children attending PGL Trip Isle of Wight 14<sup>th</sup> – 18<sup>th</sup> September 2015**

Please find attached a Parent Consent Form which needs to be completed and returned to school by Friday 17<sup>th</sup> July 2015 – child's NHS number must be completed. If we do not receive this form your child will not be able to attend this trip. If you have any money outstanding this MUST be paid by Friday 17<sup>th</sup> July 2014. If we do not receive payment your child's place may be cancelled. Please speak to Ms Cope immediately if you have any concerns over this.

Also attached is a suggested kit list for the week.

Your child will need one **small** hand luggage type bag, to hold their packed lunch for the journey and also for them to use to carry a water bottle with them whilst at PGL (a small rucksack type of bag is very useful as children can carry them and still have hands free) and **ONE** case/bag containing items for the week. **Please DO NOT send an enormous case as your child will be carrying their OWN luggage.** We suggest that your child packs the case with you so that they know what is in their case. Please ensure that all clothing is labelled.

**Please note:**

No electrical equipment to be taken away.

No mobile phones allowed.

We suggest sending 2 disposable cameras (clearly labelled) as the first one gets used up by the time they reach the ferry!

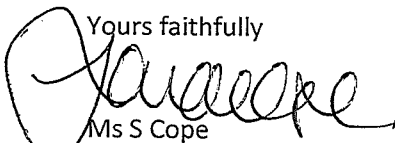
Children can bring a maximum of £10 spending money (please ensure that this is in coins and NOT a note as we will be unable to provide change). Please label purse/wallet clearly.

The coach will leave school at approximately 8.30am on Monday 14<sup>th</sup> September and will return on Friday 18<sup>th</sup> September at approximately 3.00pm.

We will text message parents to confirm arrival at the Isle of Wight and send out regular twitter updates. If there are any delays on the return journey we will notify you again by text with any information we have therefore please ensure all mobile numbers held at school are correct.

If you have any further queries please contact the school office.

Yours faithfully



Ms S Cope  
**School Business Manager**

Office – PGL - Year

**ISLE OF WIGHT 2014 - KIT LIST**

**Suggestions for contents of hand luggage for travelling on Monday**

- Small pack tissues
- Bottle of water
- Packed lunch in a plastic bag that can be disposed of after lunch
- 1 disposable camera (clearly labelled with name)

**Suggestions for contents of case**

CLOTHING	TICK
Take plenty of clothing in case of wet weather. Clothing should be old (Trust me, they get FILTHY!)	
Nightwear	
Underwear	
Socks, including over ankle length	
2 or more fleeces/sweatshirts	
3 <b>sleeved</b> T-shirts	
1 Long sleeve t-shirt(some activities require long sleeves regardless of the weather)	
4 pairs of old trousers (not jeans) 2 for activities, 1 for evening wear	
2 pairs of shorts	
2 pairs of trainers – 1 pair for wet activities (NB. You must have an <b>old</b> pair that you can wear in the sea.)	
1 pair of shoes or trainers for indoors	
Waterproof jacket	
Baseball cap/hat	
Swimwear (we are not swimming but for wearing under wetsuits)	
1 set of Disco clothes	
<b>OTHER ESSENTIALS</b>	
Wash bag (soap, toothbrush, hairbrush etc)	
2 large towels	
Torch & batteries	
Plastic bottle for drinks and a small rucksack to carry it in, they need these all day	
Sunscreen (summer)	
Small bag/rucksack for carrying water bottle in	
3 labelled plastic bags for wet items & dirty laundry	
Please note: <ul style="list-style-type: none"> <li>- children need to bring <b>practical</b> activity clothing</li> <li>- non-fashion items.</li> <li>- No stringy vests/tops in case of really hot weather and safety issues relating to these items getting caught.</li> </ul>	
<b>Other items you may wish to list:</b>	

**Parent consent form**  
**(to be retained by school – PGL do not require a copy)**  
**IMPORTANT INFORMATION**  
**Emergency details**

CHILD'S FULL NAME: \_\_\_\_\_  
CHILD'S NHS NUMBER: \_\_\_\_\_  
  
FULL POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
DATE OF BIRTH: \_\_\_\_\_  
  
PLACE OF BIRTH: \_\_\_\_\_  
  
PARENT/GUARDIAN NAMES: \_\_\_\_\_  
  
TELEPHONE NUMBER: DAY \_\_\_\_\_  
EVENING \_\_\_\_\_  
MOBILE \_\_\_\_\_

**Important Medical and Dietary Details**

NAME OF DOCTOR: \_\_\_\_\_  
  
TELEPHONE NUMBER: \_\_\_\_\_  
  
PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS, ALLERGIES AND CURRENT MEDICATION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
IS YOUR CHILD ALLERGIC TO ANY MEDICATION?: \_\_\_\_\_  
IF YES, PLEASE GIVE DETAILS \_\_\_\_\_

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PLEASE GIVE DETAILS OF ANY SPECIAL DIETARY REQUIREMENTS: \_\_\_\_\_

**Swimming Ability**

Is your child able to swim 50 metres or more?	Yes / No
Is your child unable to swim 50 metres or more but is confident in water?	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.