

SKC/Residential Visits/IOW 2016

July 2017

Dear Parents of Children attending PGL IOW 11th – 15th September 2017

Please find attached a Parent Consent Form which needs to be completed and returned to school by Friday 7th July 2017 – 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 7th July 2017. If we do not receive payment your child's place will be cancelled. Please speak to Ms Cope immediately if you have any concerns over this.

Also attached is a suggested kit list for the trip.

We suggest that you fit all of the equipment that your child is bringing in one bag, as they will have to carry their own bag. **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.

Children can bring a maximum of £15 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. Your child will be responsible for looking after their own money and how they spend it.

The coach will leave school at approximately 8.30am on Monday 11th September and will return on Friday 15th September at approximately 3.00pm.

We will text message parents to confirm arrival at PGL IOW (est. arrival 2.30pm) 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 dietary/medical conditions that you would like to discuss before going please do not hesitate to contact Ms Cope.

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

Yours faithfully



Ms S Cope, on behalf of the Year 6 Team

School Business Manager

Office: Residential Visits:IOW

ISLE OF WIGHT - KIT LIST

Suggestions for contents of hand luggage for travelling on Monday

Small pack tissues

Bottle of water

1 disposable camera (clearly labelled with name)

Suggestions for contents of case – Actual Contents are up to the individual.

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	
2 sleeved T-shirts	
1 Long sleeve t-shirt (some activities require long sleeves regardless of the weather)	
2 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 old pair that you can wear in the sea.) 1 pair of Substantial shoes/boots for outdoors	
1 pair of shoes or trainers for indoors	
Waterproof jacket	
Baseball cap/hat / Gloves	
Swimwear (we are not swimming but for wearing under wetsuits)	
1 set of Disco clothes	
OTHER ESSENTIALS	
Wash bag (soap, toothbrush, hairbrush, toothpaste etc)	
Towel	
Torch & batteries (not essential)	
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	
Labelled plastic bags for wet items & dirty laundry	
Please note:	
<ul style="list-style-type: none"> - children need to bring practical activity clothing - non-fashion items. - No stringy vests/tops in case of really hot weather and safety issues relating to these items getting caught. 	
Other items you may wish to list:	

**Parent consent form
(to be retained by school)
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: _____

DOCTORS TELEPHONE NUMBER: _____

BEHAVIOUR OR LEARNING DIFICULTIES:

VEGETARIAN **YES/NO*** (***DELETE AS APPLICABLE**)

WATER CONFIDENT, CAN SWIMM 25M **YES/NO**

DIETRY REQUIREMENTS/ALLERGIES:

MEDICAL CONDITIONS/ALLERGIES:

Declaration

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

Signature of Parent/Guardian _____ **Date** _____

The personal information supplied will only be used to allow School employees or PGL Staff.