

SENT OUT
29 JUL 2018

SKC/Residential Visits/IOW 2018

July 2018

Dear Parents of Children attending PGL IOW 10th – 14th September 2018

Please find attached a Parent Consent Form which needs to be completed and returned to school by Friday 6th July 2018 – 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 6th July 2018. 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.

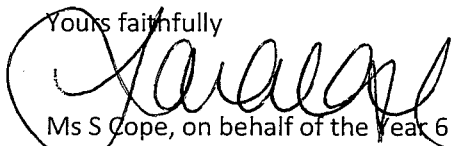
The coach will leave school at approximately 8.30am on Monday 10th September, children will need a packed lunch and will return on Friday 14th September at approximately 3.00pm. (times to be confirmed)

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

**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.