

ST. BEDE'S CATHOLIC JUNIOR SCHOOL

celebrates life and learning

Friday 8th September 2017

Dear Parents / Carers,

RE: YEAR 4 RESIDENTIAL VISIT 2017

Please find enclosed details of the Year 4 residential trip to Llandudno. Please could you complete and return the consent forms immediately.

Class 5 and girls from Class 3.	Depart from school on <u>Thursday 21st September at 9.15/9.30a.m.</u>
	Return to school on <u>Friday 22nd September at approximately 6.00p.m.</u>
Class 4 and boys from Class 3.	Depart from school on <u>Thursday 5th October at 9.15/9.30a.m.</u>
	Return to school on <u>Friday 6th October at approximately 6.00p.m.</u>

Yours sincerely,

Miss K. France
Visit Organiser

Llandudno Visit 2017

1. Payment

If you have not already completed your payment, would you please forward the total amount of **£90 by Friday 8th September 2017**. We would appreciate your co-operation on this matter as all monies must be collected in good time before commencement of the visit. **If you have paid your deposit of £10 the balance amount is £80.**

2. Consent Forms

Please forward the attached consent form for your child **immediately**. This is most important as your child will not be able to travel without it, and we also need information on medical or dietary requirements.

3. Accommodation

Llandudno Hostel,
14 Charlton Street,
Llandudno,
North Wales,
LL30 2AA.

Tel no: 01492 877 430

The children will be sleeping in rooms comprising of groups between five - twelve children. Your child will be informed which group they are in before the trip commences. Since there is a large number in each party it would be extremely time consuming to allow children to ring home. As no news is considered to be good news, please take it as read that all is well.

Should you wish **in an emergency** to pass on a message to your child, you should telephone the above number. **Please only do this if the message is urgent.** Otherwise telephone school and leave a message with Mrs. Ryan in the school office and she will contact a member of staff in Llandudno.

4. Pocket Money

The maximum amount to be brought is **£10.00**. The children will be responsible for their own money. Please stress this to your child and provide them with a purse / wallet to keep it safe.

5. Requirements

The visit involves the children in outdoor activities which, due to the unpredictability of the British weather, may have to be carried out in wet conditions. In some instances, for example whilst out walking, the conditions underfoot may be wet and muddy. We would therefore make the following suggestions:

On the morning of departure the children should travel in comfortable clothes which they can also use for the afternoon. Clothes should be suited to keeping children warm and dry, if necessary. They should wear a pair of old trainers / shoes for any 'muddy' activities. They will have a spare change of clothing in case they get wet and for use the next day.

We urge you not to send your child in expensive items of clothing that he / she is worried about damaging or losing. Please also ensure that your child's name is printed on all belongings. Some children may want to take watches and cameras. This is perfectly acceptable, but each item of value is the child's own responsibility and again should have his / her name attached to it.

Children must not bring hand-held computer games or mobile telephones. We cannot be held responsible for the loss of valuables.

The suggested 'kit-list' is therefore as follows:-

- | | | |
|-----|---------------------------|---|
| (a) | Suitcase / Holdall | Small - CHILDREN have to carry it! |
| (b) | Clothing | Nightie / Pyjamas and slippers
Change of underwear and socks
A full change of clothes e.g. tracksuit bottoms / jeans, t-shirt, warm jumper etc.
Old trainers / shoes for activities
Warm, waterproof coat / cagoule with hood or a hat (it can get cold and windy on the Great Orme)
Spare bin bag for wet clothes
Purse / wallet |
| (c) | Toiletries | Toothbrush / toothpaste
Facecloth
Soap and towel
Comb / hairbrush
(N.B. We have made constant reference to wet weather!
We do of course hope that the sunshine is 'cracking the flags' and you should make appropriate provision). |

6. Medical problems / requirements

No children may carry any type of medicine, e.g. travel sickness tablets, aspirins, etc. All medicines must be clearly labelled with the child's name and handed to the teacher, by an adult, with instructions on the morning of departure. If your child has a problem with bedwetting, please let us know and we can make sensitive arrangements.

7. Departure and Programme

The children will need to bring a packed lunch in a labelled plastic bag with them on departure day. Packed lunches for those children eligible for free school meals can be arranged. (No flasks or glass bottles please).

The proposed programme is as follows:-

Day 1

- Depart for Llandudno 9.15 / 9.30 am
- On arrival sort rooms and familiarise with Hostel
- Packed lunch in Hostel or by beach, depending on weather

pm

- Workshop at Llandudno Museum
- Guided walk around Llandudno
- Beach Hunt
- Evening Meal at hostel
- Local walk and shop survey
- Evening activities back at Hostel

Day 2

- Breakfast at the Hotel

am

- Walk to Happy Valley
- Guided walk with Ranger up the Great Orme
- Explore the quarry and look for fossils

pm

- Packed lunch at the Copper Mines
- Guided tour round the Copper Mines
- Walk down the Great Orme
- 4.00 pm depart Llandudno by coach
- Arrive St Bede's at approximately 6.00 pm

Please note that the programme may vary slightly according to the weather and the times of low / high tide. Unfortunately, we have not as yet learned how to book our climate requirements in advance or to do a King Canute and turn back the sea!

We look forward to having a great trip!

Miss K. France
Trip Organiser

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PARENT / CARER CONSENT FOR AN EDUCATIONAL VISIT

I have received and read the information that the school has provided outlining the proposed visit to:

Llandudno

I understand the reasons for the visit and the nature of the activities to be undertaken.

I agree to my son / daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I understand that during the period of the activities away from the school base my son / daughter will be under your supervision or under the supervision of another adult.

I acknowledge the need for: _____ to behave responsibly throughout the visit.

I understand the extent and limitations of the insurance cover provided. Halton Borough Council's Liability Insurance covers day trips and visits. The limit of liability under this policy is £25m per incident. Overnight stays in Years 3 – 6 are covered by the policy taken out by the school with Zurich Municipal.

Child's Name:		D.O.B.
Signed Parent/Carer:		
Address:		
Tel home:	Tel mobile:	Tel work:

If not available at the above, please contact:

Name:	Tel no:
Address:	

Name, Address and telephone number of family doctor:

Name:
Address:
Tel no:

Please complete the medical information sheet about your son / daughter:

1 Has your son / daughter been immunised against tetanus?	Yes / No
2 Is your child sensitive to penicillin?	Yes / No
3 Does your child suffer from fainting attacks or blackouts?	Yes / No
4 Does your child suffer from epilepsy?	Yes / No
5 Does your child suffer from diabetes?	Yes / No

Please complete the medical information sheet about your son / daughter (cont'd):

6 Does your child suffer from any allergy? If yes, please give details	<i>Yes / No</i>
7 Does your child suffer from asthma? If he/she does, has he/she an inhaler?	<i>Yes / No</i>
8 Does your child have hayfever?	<i>Yes/ No</i>
9 Does your child suffer from ear trouble? If yes please give details:	<i>Yes / No</i>
10 Does your child suffer from illness and/or injury not mentioned above? If yes, please give details including any infectious/contagious illness in the last 4 weeks and details of other illness/injuries or physical disabilities.	<i>Yes / No</i>
11 Is your child on any sort of medical treatment at present? If yes, is the treatment self-administered? If yes, please give details: Name of medicine: How often taken:	<i>Yes / No</i> <i>Yes / No</i>
12 Please indicate any special dietary requirements due to medical, religious or moral reasons. (Attach details if necessary).	
13 What is your child's weight? (Necessary if he/she needs anaesthetic)	
14 Does your child suffer from travel sickness?	<i>Yes / No</i>
15 Does your child suffer from incontinence problems?	<i>Yes / No</i>
16 Can your child swim? How far?	<i>Yes / No</i>
17 Are there any activities in which your child may not participate? If yes, please give reasons:	<i>Yes / No</i>
18 Is there any information which school should be aware of? E.g. suffers from vertigo, claustrophobia or is frightened of the dark etc.	<i>Yes / No</i>
19 Details of any other inoculations in the last five years.	
20 Do you wish the teacher responsible to administer non-prescription medicines (e.g. Calpol, Nurofen, Benylin) to your child if required?	<i>Yes / No</i>
21 I agree to inform the Visit Leader, as soon as possible, of any change to the medical condition of my child between the date signed and the departure date.	<i>Yes / No</i>

Signed: _____

Date: _____

THE GROUP LEADER WILL TAKE THIS FORM, OR A COPY, ON THE VISIT. A COPY WILL BE RETAINED BY THE SCHOOL 'HOME CONTACT'.

NOTE: If a parent or carer cannot sign this declaration for religious or cultural reasons he / she should consult the member of staff in charge of the visit. In such an instance Halton Authority will be consulted for the wording of an alternative declaration.