



Making the most of every opportunity



Every moment matters

**Y5/6 Halton Gill Federation visit
May 22nd- 25th 2018**

Dear Parents/carers,

As part of our outdoor adventurous activity plan children in Year 5 & 6 will be visiting Halton Gill for a 3 night/ 4 days residential visit. We will be departing on Tuesday 22nd and return on Friday 25th May.

Halton Gill Bunk Barn is situated at the head of Littondale in the Yorkshire dales. The barn sleeps up to 40 people and is just outside the village so is safe, quiet and private.

At the Barn children are self-sufficient. They have to cook, tidy and wash up for themselves....with our guidance.

The proposed program of events is detailed below.

Day	AM	PM
Tuesday	Settle In – Team Challenges	Local Walk
Wednesday	Hill walk	Long Walk
Thursday	Science	Star Gazing
Friday	Poetry & Art Work	Travel Home

The cost of the stay is approx. £100.00, refunds will be issued if required once expenditure has been finalised. This will be added to Parent Pay with the deadline for payment by 18th May, 2018.

Can you please complete the attached consent form and return to the school office by 23rd April, 2018.

We will be holding a parents' meeting on Tuesday 1st May at 6.00pm in the school hall to discuss the visit and look forward to seeing as many of you as possible.

Kind regards

Mrs Dixon- Sharow
Mrs Briggs- Skelton



Kit List for Halton Gill 2018

Item	Quantity	Check
Underwear	x7	
Socks (walking)	x3	
Socks (normal)	x5	
T-shirt	x5	
Trousers/Tracksuit bottoms	x3	
Coat	x1	
Hoodie/Fleece	x2	
Waterproof Trousers	x1	
Waterproof Jacket	x1	
Backpack	x1	
Walking shoes/boots	x1	
Trainers	x1	
Pyjamas	x1	
Toothbrush and paste	x1	
Shampoo	x1	
Shower Gel	x1	
Towel	x1	
Sleeping bag	x1	
Pillow case	x1	
Gloves	x1	
Hat (Sun/Bobble)	x1	
Books/Board games (no electronics)	x2	
Water bottle/Flask (with name on)	x1	
Torch (with name on)	x1	
Suntan lotion	x1	
Teddy/Comfort item	x1	



Individual visit consent and
medical information



Skelton Newby Hall CE Primary School

Sharow CE School

Offsite educational visit or adventurous activity

Visit/activity title	HALTON GILL 2018		
Group	YEAR 5/6	Date(s)	22 nd -25 th May 2018

Personal details

Full name of participant	Gender	Age	Date of birth
Home address			

Emergency contacts (Please provide at least 2 contacts)

Name	Relationship	Telephone numbers

Doctor's details

Name (if known)	Practice and village/town	Telephone number

Medical and welfare information

Please let us know if any of the following are relevant for the participant – **please provide full details**

Recent serious illness	Yes/No	Asthma	Yes/No
Recent serious injury or broken limb	Yes/No	Allergies or historical reaction to	Yes/No
Epilepsy, seizures, convulsions or	Yes/No	Taking any medication	Yes/No
Heart condition	Yes/No	Full tetanus vaccination	Yes/No
Diabetes	Yes/No	Any other medical, behavioural or diet	Yes/No

Swimmer	Yes/No	Water confident?	Yes/No
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Please provide any medical, behavioural, dietary or other relevant information which will enable us to support and care for the participant during this visit or activity, or attach further

Please ensure that the participant has sufficient prescribed medication for the duration of the visit

Itinerary/programme			
<ul style="list-style-type: none"> ▪ I consent to the participant taking part in this offsite, educational visit or adventurous activity. ▪ I have received full information about the itinerary and programme; I understand its nature and agree to the participant engaging in all the activities described which may include activities in or near water. ▪ I understand that the programme may be changed by the Visit/Activity Leader in conjunction with any external provider due to weather or for other reasons. ▪ The information I have provided on this form is accurate at the time of signing. I agree that this information can be added to electronic management systems where required and I agree to inform the Visit/Activity Leader as soon as possible of any changes before the start of the visit. 			Yes/No
Behaviour and conduct			
<ul style="list-style-type: none"> ▪ I understand that the participant must adhere to any code of conduct and behaviour set out by the Visit/Activity Leader, school, service or external provider. 			Yes/No
Medical information			
<ul style="list-style-type: none"> ▪ I understand that if the participant has an existing medical condition then their doctor should be fully informed of the nature of the visit or activity in order to give medical advice on participation. 			Yes/No
Medication			
<ul style="list-style-type: none"> ▪ I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have already given written consent and that I will be informed. 			Yes/No
Medical treatment (delete those you do not consent to)			
<ul style="list-style-type: none"> ▪ I consent to the participant receiving any dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities. 			Yes/No
Please list any treatment you do not consent to so that medical authorities can be informed			
Photographs and video recordings			
<ul style="list-style-type: none"> ▪ I consent to photographs and video recordings of the participant to be used by schools and services for teaching and coaching purposes and for use in marketing and publicity in line with relevant policies. 			Yes/No
Further information			
<ul style="list-style-type: none"> ▪ I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school or service. 			Yes/No
Consent			
Name of person giving consent		Relationship to participant (or state 'self')	
Signature		Date	
To be signed by a parent/guardian/carer unless the participant is aged 16 years or older and is living independently, in which case they should sign it.			
Please return this form to Mrs Palmer in the school office.			