

**Woodthorne Primary School**  
Woodthorne Road South  
Tettenhall  
Wolverhampton  
WV6 8LX



Tel: 01902 921160

Email: [woodthorneprimaryschool@wolverhampton.gov.uk](mailto:woodthorneprimaryschool@wolverhampton.gov.uk)

Web: [www.woodthorneprimary.org](http://www.woodthorneprimary.org)

**Headteacher**  
Mr T Hinkley

**Chief Executive Officer**  
Mrs A Cheema OBE



Part of Perry Hall Multi-Academy Trust  
Company Number: 08566185

Dear Parents/ Carers,

## Year 6 Residential to Plas Gwynant

Thank you so much for attending our residential information evening on Tuesday 28<sup>th</sup> June. Following the meeting, we'd like to answer a few questions raised.

### Money

A maximum of £5 may be sent with your child in a labelled envelope, wallet or purse. These will be collected on the morning before departure when you sign in. This is optional as the only opportunity to spend the money will be in the small gift shop within the centre. When Chris mentioned the possibility of ice cream on the beach, it was as a potential activity but he has specified that if this does take place, the cost is covered by Plas Gwynant.

### Medical Forms

Attached to this letter, you will find two forms that must be completed and sent back to school as soon as possible. One form is the standard consent for medical care to be administered in case of emergency (there is also space on here for dietary preferences). The second form is to be completed if your child requires any medication while we are away (including hayfever and travel sickness). We have included space for up to 4 types of medication, if your child needs more, please speak to a member of staff. Please complete as necessary and ensure that the dosage and frequency of each type of medication is included.

### Communication

As mentioned at the meeting, we will aim to contact you each evening via e-mail with updates and pictures of what we've been up to that day. Please note that these will be sent after the children have been sorted for the night so may arrive late in the evening and times will vary day to day. We may also send Mrs Jones pictures to update the school Twitter page so keep your eyes peeled there for some updates throughout the day.

Woodthorne Primary School  
Woodthorne Road South  
Tettenhall  
Wolverhampton  
WV6 8LX



Email: [woodthorneprimaryschool@wolverhampton.gov.uk](mailto:woodthorneprimaryschool@wolverhampton.gov.uk)

Web: [www.woodthorneprimary.org](http://www.woodthorneprimary.org)

Headteacher  
Mr T Hinkley

Chief Executive Officer  
Mrs A Cheema OBE



Part of Perry Hall Multi-Academy Trust  
Company Number: 08566185

Tel: 01902 921160

### Letters from home

As a little homesickness is expected, we thought it would be a nice idea for the families to write a letter that will be given to the children half way through the trip. If you would like to write a letter, please ensure it is clearly labelled and handed in during sign-in. The children will have the opportunity to journal each evening about what they did each day so they will have plenty to talk about when they get home.

### Departure and arrival times

We are aiming to depart from the school on Monday 11<sup>th</sup> July at 9.30am sharp so children can come to school at normal time. We will all meet on the playground and go into the KS2 hall to get everyone signed in after Breakfast Club have cleared up. Please ensure you arrive promptly as we are on a very tight schedule. For safeguarding reasons, we will need to close and lock the gate to the playground at 9am. For this reason, please make your way out onto the footpath outside school to wave us off on our travels. Parents/carers will not allowed into the hall once the children have been dropped off. This will be the staff's opportunity to ensure they have everything organised before leaving.

We are due to arrive back at school on Friday 15<sup>th</sup> July at normal time and children are to be collected from the KS2 playground or booked into After School Club as usual.

Any further questions, please do not hesitate to ask a member of Year 6 staff. Thank you for your continued support and we look forward to a fantastic week away to round out the children's Woodthorne experience.

Many thanks,  
The Year 6 Team



Medication – Plas Gwynant residential 11/07/22-15/07/22



Medication 3.....

Dose to be given.....

Frequency.....

Medication 4.....

Dose to be given.....

Frequency.....

Table below to be completed by First Aid staff.

Date	Medication	Time given	Staff signature

Woodthorne Primary School  
Woodthorne Road South  
Tettenhall  
Wolverhampton  
WV6 8XL



# SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

**Data Protection Act, 2018**

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation.  
The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25.  
If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

School/Group:

Woodthorne Primary School

Visit to:

Plas Gwynant

Date and times:

11<sup>th</sup>-15<sup>th</sup> July

I consent to:

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

**Medical information about your son/daughter:**

Date of birth:

(dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc?

Yes

No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary?

Yes

No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea?

Yes

No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc

Yes

No

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including

Yes

No

broken bones or dislocations, in the last few years that we should know about?

If yes please give details:

Has your son/daughter been immunised against tetanus?

Yes  No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

**I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.**

**Emergency Contact Details**

I may be contacted by telephoning one of the following numbers:

Day:

Ev:

Mob:

Home Address:

**Alternative Emergency Contact**

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

**Declaration**

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

**NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.**