



Long Lane Primary School
 Long Lane, Tilehurst, Reading, Berkshire, RG31 6YG
 Telephone/Fax: 0118 942 7187
www.longlane.w-berks.sch.uk
office@longlane.w-berks.sch.uk

6th September 2017

Year 6 Residential – September 2017
Kit list and update

Dear Parents,

This year's residential for Year 6 is only a few weeks away so I am writing to give you a final update.

The class will be attending PGL on the following days:

Adults	Day 1	Day 2	Day 3
Mrs Gardiner	Monday 25 th Sept	Tuesday 26 th Sept	Wednesday 27 th Sept
Mrs Mileham			
Mrs Organ			

I have attached the 'kit list' and I am also pleased to be able to give you the itinerary for the three days, although the order of activities (which you can view details of on the PGL website) may vary slightly:

	Day 1	Day 2	Day 3
Breakfast		Breakfast	Breakfast
Session 1 9.30-10.30	<i>(Arrive at school 8:55am)</i>	1. Crate Challenge 2. Giant Swing 3. Survivor	1. Climbing 2. Sensory Trail 3. Climbing
Session 2 10.30- 12.00	<i>Departure from school 10.15am</i>	1. Giant Swing 2. Crate Challenge 3. Vertical Challenge	1. Sensory Trail 2. Climbing 3. Sensory Trail
Lunch	Arrive at Centre	Lunch	Lunch
Session 3 14.00- 15.30	1. Zip Wire 2. Raft Building 3. Zip Wire	1. Vertical Challenge 2. Survivor 3. Giant Swing	<i>Depart from centre 1.30pm</i>
Session 4 15.30- 17.00	1. Raft building 2. Zip Wire 3. Crate Challenge	1. Survivor 2. Vertical Challenge 3. Raft building	<i>Arrive back at school 2.30pm</i>
Dinner	Dinner	Dinner	<i>Pick up from 2.30pm</i>
Evening	Evening entertainment (Campfire)	Evening entertainment (Disco)	

There will be a final meeting on Thursday 14th September at 7:00pm which children can also attend.

Please complete the **Medical and Consent form** and **swimming information** and return to school no later than **THURSDAY 14th September 2017.**

Yours sincerely,

Mr. P. Thorne
Headteacher

YEAR 6 Residential September 2017 – FINAL MEETING slip

Child's Name Class : Year 6 (2017)

We *will / will not be attending the meeting on **THURSDAY 14th SEPTEMBER at 7.00pm**
(*Please delete as applicable)

Signed **Please print name**

Questions that you may have:

Educational visit information and consent form

Name of establishment – **LONG LANE PRIMARY SCHOOL**

Personal details

First name of participant Surname

Date of birth Age Tick if aged 18 or over male / female

Address

..... Post code

Name of next of kin

Next of kin address during the activity (if different from above)

..... Post code

Contact no: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for the visit or venture

The visit or venture to **PGL Liddington** Date of visit **25th, 26th 27th September 2017**

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated **6th September 2017** I consent to him/her taking part in the programme detailed in your letter and I am aware of the insurance synopsis at <http://www3.hants.gov.uk/education/outdoor-education/oe-homepage/oe-insurance.htm> In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed.....

Please print name here

Address

..... Post code

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and **I do not** consent to their involvement in water sports

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other (eg: illness, disability, sleepwalking)	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:
.....
.....

If it is considered necessary, do you consent to mild painkillers (eg: Paracetamol) being administered Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):
.....
.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed (for participants under 18 years of age)
Person with parental responsibility

Please print name here

Signed (for participants aged 18 years or over)
Participant

Date

Consent for taking images

During our visit or venture we are likely to take pictures or videos. We may like to use these in presentations, displays or in our own booklets, newsletters or website publicity. In the event of any images of my child/me being taken on this trip, I consent to them being used for internal educational purposes by the School (children's work - theirs and others', internal displays and presentations etc). **Yes No**

In the event of any images of my child/me being taken on this trip, I consent to them being used for external educational purposes by the School (e.g. newsletter, prospectus, website etc). **Yes No**

Signed (for participants under 18 years of age)
Person with parental responsibility

Signed (for participants aged 18 years or over)
Participant

Date

PGL Kit List – September 2017

Please tick when completed and pack in your child’s bag/suitcase. They MUST be able to carry this themselves and **please name everything!** *They will need ‘day wear’ that may get wet/muddy PLUS dry casual wear for evenings.*

	Named	Packed to go	Packed to bring home!
A sleeping bag and pillow (in a labelled ‘bin bag style’ large bag)			
Wash bag – incl. soap, toothbrush, toothpaste (Roll-on deodorant only)			
Towel for room			
Nightwear (pjs)			
Underwear (socks and pants)			
Fleece or jumper x3			
Warm jacket/waterproof			
Trousers/tracksuit bottoms x3			
T-shirts x3			
Swimming shorts or costume (to wear under clothes getting wet!)			
Trainers - 2 pairs - one wet, one dry			
Sturdy footwear (no sandals)			
Sun Lotion and sun hat			
A small dry rucksack / shoulder bag (optional)			
Plenty of bags to put ‘wet stuff’ and washing in			
Pocket money up to £5 ONLY in a named wallet			
Camera (disposable only)			
Torch (optional)			
Reading book (optional)			
*Medical needs: (i.e. inhaler, medication)			

What to wear:		Not to wear:
Climbing/Zip wire	Sturdy footwear, Tops that cover shoulders, Shorts that cover thighs, Trousers	<i>Flip-flops or crocs, open toed shoes/sandals</i>
Problem solving/Survivor	Walking boots/trainers	
Challenge course/ Sensory Trail	Sturdy footwear, long trousers	<i>Short sleeves, Sandals, flip-flops etc</i>
Raft building	Old warm clothing, fleeces, Layers, closed toe shoes, swimwear	<i>Wellingtons, crocs, jeans, heavy cotton</i>

* A separate form will need to be completed and given to the teachers on the first day of the residential.

Items not allowed:

Sweets/food, electric devices e.g. phones/mp3 players/hair dryers/ hair straighteners, spray deodorant, jewellery (except stud earrings)