



Little Hill Primary School

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Part of the OWLS Academy Trust

February 2022

Dear Parent/Carer

Year 4 Residential trip to Condover Hall -Tuesday 3rd May to Friday 6th May 2022

Please find below a reminder of the cost for the residential trip to JCA Condover Hall. The total cost for transport, JCA costs and all excursions is **£238.00 per pupil (£119.00 for pupil premium children)**.

Any outstanding final balance is due by Monday 28th February 2022.

Please find attached the following forms:-

- Kit list
- Residential Consent Form – this form must be filled out for your child. **Please return this form by Wednesday 23rd February 2022.**
- General Care Plan/Instruction to Administer Medication – this form is only if your child will need medication (apart from paracetamol) administering. This may be regular medication that they always take; if this is the case, **please return this form by Wednesday 23rd February 2022.** Or, it may be the case that they will need medication nearer the time e.g. antibiotics; if this is the case, please return on the morning of the residential trip.

If you have any queries regarding the trip, please do not hesitate to contact me.

Yours sincerely

Mr S Williams

Deputy Headteacher / Educational Visits Coordinator



RESIDENTIAL CONSENT FORM

**VISIT TO CONDOVER HALL
Tuesday 3rd May – Friday 6th May 2022**

Please fill in the form set out below and **return it to school by Wednesday 23rd February 2022.**

All details will be treated as confidential.

CHILD'S FULL NAME: _____

CLASS: _____

1. Health

Does your child suffer from any other medical complaint or ailment which will cause difficulty when partaking in strenuous walking or sport? YES/NO

If YES, please give details:

2. Ailments

Does your child suffer from any of the following:

- | | | | |
|--------------------|-------------|---|--------------|
| a. Travel sickness | b Epilepsy | c. Migraine | d. Hay Fever |
| e. Asthma | f. Diabetes | g. Enuresis (Bed wetting) | |
| h. 'Sleepwalking' | | i. Allergies (including medicines) See below: | |

Is your child allergic to any medication? YES/NO

If YES, please give details:

Has your child had a tetanus injection in the last five years? YES/NO

3. Medication

Is your child currently taking any medication (including inhalers)? YES/NO

If YES please complete the detailed Medicines Form listing details of medication, dosage etc. and discuss it with the designated member of staff.

4. Infections

To the best of your knowledge has your child been in contact with any contagious/ infectious diseases or suffered from anything that may be contagious/infectious, in the last four weeks?

YES/NO

If so please give details.

5. Paracetamol Consent

I give permission for the group leader to authorise the administration of paracetamol, if needed, during the residential period. This will be in the form of a Calpol 6+ sachet.

YES/NO

6. Diet

Please outline any special dietary requirements of your child (not likes and dislikes):

CONTACT DETAILS

The school already holds contact details for school hours. Therefore, please provide contact details for out-of-school hours.

I may be contacted by telephoning the following numbers (please include area code):

Person: _____

Home Phone: _____

Mobile Phone: _____

Address: _____

If not available at above, please contact:

Name: _____

Home Phone: _____

Mobile Phone: _____

Address: _____

Details of GP surgery:

Name of surgery: _____ Telephone: _____

Address: _____

CONSENT DETAILS

I agree to my son/daughter _____ taking part in the above mentioned visit and, having read the information sheet, agree to his/her participation in the activities described.

I acknowledge the need for obedience and responsible behaviour on his/her part.

I agree that in the event of my child being returned to school, **for reasons of misconduct**, before the end of the visit I will forfeit all fees paid and may be required to reimburse the school for any additional costs involved.

I undertake to inform the school of any change in the medical circumstances between the date of signing and the date of the visit.

I agree to my child receiving emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

This document is signed by the person with legal responsibility for the child.

SIGNED: _____ (Parent/Carer) DATE: _____

NAME: _____

THIS FORM OR A COPY WILL BE TAKEN BY THE LEADER ON THE ACTIVITY AND A COPY RETAINED IN SCHOOL