

Friday 3rd February 2023

Dear Parents and Carers,

#### **RE: Year 5 School Journey**

We are delighted that you have chosen your Year 5 child to attend the residential School Journey from **Monday 13th March to Friday 17th March** to Essex Outdoors Mersea, Rewsalls Lane, Colchester CO5 8SX. Please take a look at their website: <u>http://www.essexoutdoors.com/our-centres/mersea/</u>

We thank you for your patience in waiting for this communication, it was important for us to ensure that the staff member leading the trip was fully confirmed before sharing with you all. We are now able to say that Miss Gallagher will be accompanying year 5 on school journey. Miss Gallagher thoroughly enjoyed taking her own class on a residential trip last year and cannot wait to share this experience with the children.

We would like to welcome you to a parent meeting at **5.00pm on Thursday 9<sup>th</sup> February** to discuss the exciting trip and hear a little more from Miss Gallagher and Mr Smith.

In the meantime, please find attached some additional information, including the kit list and important medical and dietary forms for you to complete and return as soon as possible. If you require a printed copy, please speak with the School Office.

Please ensure you are up to date with your payment installment plan and contact us ASAP if you have any concerns.

We look forward to seeing you all then.

With Best Wishes Nancy Cook Associate Headteacher





YES/NO

#### **Consent and Medical Form**

<u>General Information</u> – please complete in CAPIT	AL letters	
Full Name(s) of child:		
Date of Birth:		
Home address of pupil:		
Emergency Contact Name:	_	
Relationship to child:		
Emergency Tel No.	_ (Day)	
Emergency Tel No	_ (Evening)	
Name & Address of child's doctor:		
NHS number:		_
Medical Information		
Parents/carers are responsible for providing adeq condition and medication. To ensure the safe adm form in full.		
Is your child suffering, or have they suffered in the lo If yes, please give details:	ast six months from any allergy?	YES/NO

Is your child suffering or have they suffered in the last 6 months, from any particular YES/NO Illness or health problems? If yes, please give details:

Is your child taking any medicine or tablets? If yes, please give details:

Is your child is taking any medication which has not been prescribed by their doctor? YES/NO If yes, please give details:

IF YES, IT MUST BE HANDED TO THE PARTY LEADER BEFORE DEPARTURE WITH CLEAR INSTRUCTIONS FOR USE.



Are you happy for your child to be given paracetamol?	YES/NO
Are you happy for your child to be given antihistamines?	YES/NO
Are you happy for your child to be given travel sickness pills?	YES/NO
Is there a possibility that your child may wet the bed/ sleep walk during their visit? If yes please give details:	YES/NO
Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If yes please give details:	YES/NO
Does your child suffer from diabetes or epilepsy? If so, which?	YES/NO
If YES please send written details of treatment obtained from your child's doctor. (PARTY LEADER; If yes, does the Head of Centre and School Nurse approve of the	visit?)
Is your child allergic to any medication? If YES, please give details:	YES/NO
Does your child require a special diet for medical reasons? If YES, please give details:	YES/NO
Is your child up to date with all their immunisations?	YES/NO
Please give any further relevant information.	

Declaration by parent or guardian	
I consent to my child taking part in all activities* listed in t necessary emergency medical or dental treatment durin	the programme and to receiving any ng his/her visit to Essex Outdoors Me <u>rse</u> a.
I consent to my child's photo being taken and used on se	chool twitter account.
I support the code of conduct agreed by my child.	H
Signed:	Date:
Print name in CAPITALS:	

Please state any exceptions for health reasons below.



#### Parental Agreement for Administering Medicine

Name of school		
Name of child		
Class	Year:	
Class	Reg:	
Date of birth		

Medical condition or diagnosis	Summary	Notes

	Medicine				
Name/type of medicine					
(as described on the container)					
Expiry date					
Dosage and method					
Timing					
Special precautions/other					
instructions					
Are there any side effects that the					
school/setting needs to know about?					
Self-administration – y/n					
Procedures to take in an emergency					

#### NB: Medicines must be in the original container as dispensed by the pharmacy

Family Contact Information					
Name					
Daytime telephone no.					
Relationship to child					
Address					





I understand that I must deliver the	
medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date





### Record of Medicine Administered to an Individual Child

Name of school	
Child's name	
Date medicine provided by parent	
Class	Year: Reg:
Quantity received	
Name and strength of medicine	
Expiry date	
Quanitity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			1 1 1		- 	
Time given						
Dose given						
Name of member of staff						
Staff initials						

Date			r ! !	 	
Time given					
Dose given					
Name of member of					
staff					
Staff initials					





Date			  ! !			
Time given		-	-		-	
Dose given						
Name of member of staff						
Staff initials						

Inspire Partnership Academy Trust Chief Executive Officer – Robert Carpenter Registered Office – Sandbach Place, London SE18 7EX Registered in England Company Number – 10421212







## **Essex Outdoors Mersea Kit List**

#### **Clothes and Shoes**

Nightwear / Warm Pyjamas (when camping it can get cold at night)

Underwear and socks (please note that for many activities, socks will need to cover your ankles)

Trousers / leggings for activities (not jeans)

Shorts (summer groups, knee length for roped activities)

1 pair of trainers for activities

1 pair of shoes for water sports (preferably old trainers)

Pair of dry shoes for evening activities

Fleeces / sweatshirts for activities

Long sleeved shirt/t-shirts (for activities where arms need to be covered) 🗌 T-shirts

1 or 2 sets of clothes for the evening (disco if one is booked)

Warm anorak or similar

Wellington / waterproof walking boots (optional, winter groups)

Swimwear including towel

#### Other Items

Sleeping bag or duvet, pillow and single bottom sheet (unless otherwise advised) One towel for showering

One old towel for wet / muddy activities

Labelled bin bags for wet and dirty clothing

Wash bag (including soap, shampoo and toothpaste)

Torch and Batteries

Pen, Pencil and Writing Paper

#### Day Bag

- Small rucksack / bag
- Plastic drinks bottle
- Waterproof jacket / cagoule (and trousers if you have them)
- Baseball hat / sun hat
- Hat and gloves

] Sunscreen (summer groups)

#### Please be aware that on certain activities clothing will get wet and muddy!

# All clothing items should be named to avoid loss and should be packed in a kit bag or rucksack that should also be labelled and named.





It is strongly advised that mobile phones, MP3 players, jewellery and watches are left at home; these valuable items are easily lost or damaged at camp and can cause concern to leaders and campers alike.

Lost property is kept for 2 weeks before being disposed of.

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Catering frequently asked question:

Are you able to cater for special dietary requirements?

Here at Essex outdoors, we pride ourselves on being able to cater for every individual who comes to site. As a site who serves 50,000 meals plus a year, we encounter a wide variety of dietary needs ranging from the fussy eaters, to the severe allergic reactions, and carb counts.

We take the upmost care to avoid cross contamination, throughout preparation, storage and through the cooking and serving processes.

All dietary requirements are listed on the meal planner sent into us by the group leader at least 7 days prior to the trip, to enable us to order in dietary specific foods, and plan meals where needed.

What happens if I don't like what's on the menu?

Whilst we try to offer something for everyone on our menu, we understand that there will be times that the menu doesn't fit all. We do offer some options for each meal, as well as a selection of salad bar options which are available for lunch and evening meal. If you are unable to find something suitable, please speak to a member of staff and will find something for you, nobody will go hungry!

Can you cater for religious dietary requirements?

Yes, if we are informed on the meal planner, a minimum of 7 days in advance, we are able to get some halal and kosher meats in. If we are not informed on time, any meat not suitable for a dietary requirement will be substitute for a vegetarian option.

Someone in our group has a severe peanut allergy can they come on the trip?

Yes, we are a nut free site! With severe allergies' we will take additional care to recheck packaging encase anything has changed, but our policy is not to order anything in containing nuts.





Do you offer any food between meals?

No, we aim to fill everyone at the 3 main meal times, and fruit is available to take away at the end of a meal, however, due to the capacity of the site, we are not able to offer this throughout the day. We do have Vending machines, and a tuck shop (only open at peak times) offering a variety of confectionary items.

Tuck shop information

The tuck shop offers a variety of confectionary items and drinks, as well as ice creams and slushies.

Where possible please encourage people to bring change, as the change machine is not always available, and we do not always have an available staff member to change notes to coins.

Meal time information

Breakfast: 7:45-8:45 Lunch: 12:45-13:45 Evening Meal: 5:30-6:45

Example menu



Monday	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST				
Each Breakfast will include:				
A Selction Of Cereals including gluten free options, Milk, Oat Milk and Soya Milk, A selection of Yoghurts, Fresh Fruit and Butter and Preserves for Toast				
Sausage, Bacon, Baked Beans & Hash Browns	American Pancakes with Maple Syrup or Fruit Compote	Sausage or Bacon Bap and Hash Brown Bar	Waffle with maple syrup and fresh fruit	Sausage, Bacon, Baked Beans & Scrambled Eggs
LUNCH				
Baguette or wrap with a selection of fillings	Chicken Fajitas or Jacket potatoes	Baguette or Wrap with a selection of fillings	Chicken Fajitas or Jacket potatoes	Baguette or Wrap, with a selection of fillings
A Packet of Crisps from the avaliable selection				
Salad Bars including Ham, Cheese, Tuna Mayo, Lettuce, Tomatoes, Cucumbers & Coleslaw				
Selection of Fresh Fruit				
DINNER				
Chicken Breast or kiev served with optional BBQ Sauce, potato wedges and sweetcorn	Bolognaise, vege bolognaise, or cheese sauce with Penne Pasta & Garlic Bread	Breaded Fish, chicken pie or vegetable pie, Chips & Peas	Jumbo sausage, mash potaotes, vegetable medely with gravey	
Salad bar Selection including Lettuce, Cucumbers, Tomatoes and coleslaw				
jam or iced donuts	Jam sponge & custard	chocolate or toffee muffins	apple crumble custard	
Ice cream tub	Ice cream tub	Ice cream tub	Ice cream tub	
All Dietary Requirment Catered for, sticking to the closest possible alternatives avaliable				



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