18th January 2019

Dear Parents/Carers

Year 4 Grafham Residential Trip 4th-6th March 2019

The 3rd instalment for the trip to Grafham is due today with the last payment of £40 due on 15th February, please ensure that the trip has been paid in full by this date. Thank you to those who have already paid in full. Payments can be made through the online payment system Agora or by cheque made payable to Diamond Learning Partnership Trust.

Please find attached the Grafham Water's permission and medical form for you to complete and return to the school office by Friday 25th January.

Also attached is the kit list, please can I ask that all of your child's items are labelled to help us locate any missing items. Please do not send any electrical items with your child (e.g. game consoles, phones, hairdryers).

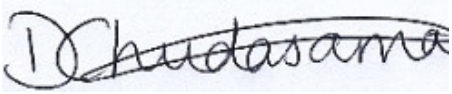
Please arrange for your child to be dropped off at Grafham Water at 10.15am on Monday 4th March. Children do not need to come to school to register first we will see them at the centre.
Children will need to be collected from the centre at 2.30pm on Wednesday 6th March. If you are unable to organise transport for your child or arrange a car share with other parents, please let the school office know as soon as possible by completing the attached reply slip.

Please find attached a map and directions to Grafham Water Centre.

If your child has medication they need to take with them, this must have their name on, the dose to be given/frequency and must be handed to Mrs Wright on arrival at Grafham. Any medication should have already been disclosed on your permission form.

Thank you for your continued support.

Yours sincerely



Mrs Debbie Chudasama
Head of School
on behalf of Middlefield Primary Academy (part of TDLPT)

To Middlefield Primary Academy, Andrew Road, St Neots, PE19 2QE
Year 4 Residential Trip to Grafham Water Centre 4th-6th March 2019

Child's name _____

*I will / *will not be able to take my child to the centre.

*I will / *will not be able to collect my child from the centre.

*My child will be collected by……..

Signed _____ Parent/ Carer
* Please delete as appropriate

GRAFHAM RESIDENTIAL TRIP

KIT LIST

PLEASE ENSURE THAT ALL OF YOUR CHILD'S ITEMS ARE CLEARLY NAMED – lost property is held for two weeks only.

t-shirts

sweaters/fleeces

warm trousers and shorts (not jeans)

underwear: pants, socks, vests

nightwear

swim suit

bath and hand towel

washing kit

indoor shoes (slippers), outdoor shoes eg trainers for land activities

rubber soled shoes (eg plimsolls, old trainers for wet activities)

waterproof coat/jacket/anorak

waterproof trousers (optional)

wellington boots

Hat and gloves

Teddy, small named drinks bottle

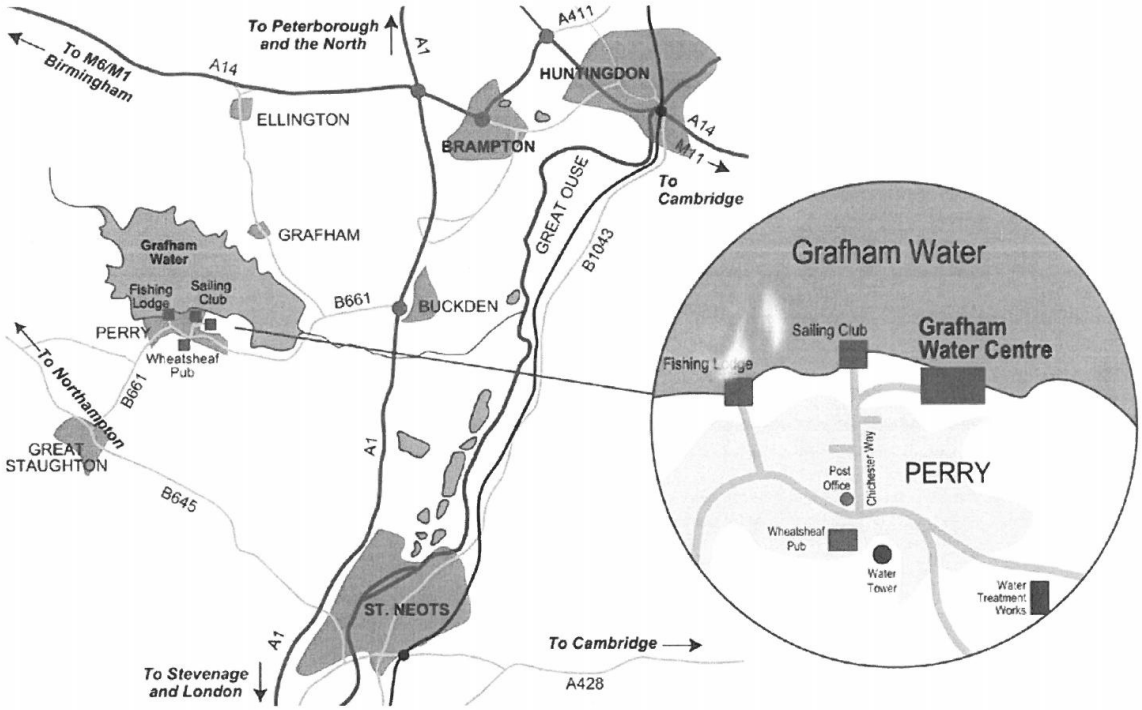
bin liner for wet clothes

NB – during some of the activities your child's clothes may get wet and muddy, therefore they will need at least 1 full change of old clothes per day. It is also better to send too much warm kit rather than not enough.

GRAFHAM water centre

Cambridgeshire County Council

Map & Directions



Where we are:
Please make sure that you come into the village of **Perry.** You will see the **Wheatsheaf** pub and opposite is a road called **Chichester Way**. Take this road and the next right into **Ridge Way.** Continue to the bottom and it will lead you into the Centre.

If you need any further information, please don't hesitate to contact us on 01480 810521

Grafham Water Centre, Perry, Huntingdon Cambridgeshire PE28 0GW.
T: 01480 810521 F: 01480 813850
grafham.water@cambridgeshire.gov.uk

PERMISSION FORM

To be completed by parents or guardians on behalf of the young person attending and returned to the Group Leader.

School/ group name:					
Dates of visit:	From:		To:		
Name of child attending					
Address:					
Parent/Guardian name:					
Parent/Guardian contact numbers	Daytime number		Evening number		
Date of birth of child					

Medical information

Doctor				
Doctors address				
Doctors telephone number	Daytime number		Evening number	
• Does your child have a rare blood group?	**YES/NO**	If **yes**, please state which group		
• Is your child allergic to any medicines?	**YES/NO**	If **yes**, please give details		
• Has your child been prescribed medication to take during your time at Grafham Water Centre?	**YES/NO**	If **yes**, please give details **This medication should be handed to the Teacher in charge, together with the written dosage instructions.**		
• Is there any other information concerning your child's health that you feel we should know about? e.g. sleepwalking, asthma, epilepsy, hay fever, diabetes, bed wetting		Please give details		

• Has your child had a Tetanus injection in the last 5 years?	**YES/NO**	Notes:

DIETARY INFORMATION	Please indicate any special dietary requirements your child may have due to medical, religious or moral reasons.

PARENTAL DECLARATION

A parent or guardian must complete the following section if the student is under 18 years of age.

I undertake to inform the visit organiser or the Head Teacher as soon as possible of any relevant change in medical circumstances occurring before the journey.

In the case of accident or illness whilst away from home, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Please Note: We may occasionally take photographs or film young people involved in activities. These may be used in various publications, brochures or for TV.	Please tick the box if you **Do Not** wish your child to be included	

INSURANCE ARRANGEMENTS

I agree that (**I** / **my son** / **daughter** / **ward**) will participate in a programme of activities which has been planned between Grafham Water Centre and the school.

I understand that the insurance of Cambridgeshire County Council covers all legal liability to all students on courses. Personal Insurance is provided for all Cambridgeshire County Schools on receipt of the deposit. Grafham Water Centre regrets that the insurance cover is not available to other organisations. Such organisations are strongly recommended to provide their own insurance for personal injury, loss of possessions or cancellation, which should take effect from the time of booking.

Signed:		**Parent or Guardian**
Date:		

Thank you for completing this form. Please return it to your Group Leader.