



Yardley Primary School

Harvey Road, Yardley, Birmingham, B26 1TD

Tel: 0121 464 3235 Fax: 0121 464 6647

Email: enquiry@yardleyschool.com

Head Teacher: Ms G Moore

26th March 2018

Dear parent/guardian

ALFREY ACTIVITY CENTRE 23rd-27th APRIL 2018

With the trip only a few weeks away, I would like to take this opportunity to send out a few reminders.

On the day of the trip, please ensure your child arrives on time to school.

4O and 4U Monday to Wednesday

4H and 4S Wednesday to Friday

I would also like to remind you of the kit list. Please check this and make sure your child has all that is on the list. Your child will also need a suitably sized bag that they can carry themselves as it will need to be moved from the coach across a field into the building. A small holdall/rucksack is recommended.



I would also like to take this opportunity to send out a residential trip medical form for completion and return to school by Monday 16th April 2018. Please put any medication in a bag with the name of your child on and send this with them on the day of their trip.

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

Yours sincerely

Mr Jones
Trip Leader



Kit List 1 small bag for clothes, etc.

- 1 black bag or similar for dirty clothes.
- 1 sleeping bag
- 1 **water proof** coat
- 3 pairs of underwear
- 3 pairs of socks (extras optional)
- 2 Pairs of trousers (jogging bottoms, leggings, etc)
- 2 t-shirts
- 2 warm jumpers
- 1 spare change of shoes
- 1 wash bag (toothbrush, flannel, soap, brush, etc)
- 1 towel
- 1 tea towel
- Plate, bowl, cup, knife, folk, spoon (not porcelain)
- 1 torch and spare batteries.
- A soft toy/ comforter if needed.
- Medication in a bag with your child's name on.

Please be aware these items are not allowed on the trip.

- Electronic devices (phones, music players, games consoles)
- Toys/games
- Football cards or similar.

This list is not extensive and extra items of clothing can be added in if you feel there is a need.

Yardley Primary School Medical form – Residential visits

Full name of child.....

Address.....

.....

Home telephone number.....

Alternative contact number.....

Child's date of birth.....

MEDICAL NUMBER (ESSENTIAL – AVAILABLE FROM GP IF UNABLE TO FIND!)

.....

GP NAME AND ADDRESS:

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Has your child a rare blood group? If yes, please state which blood group it is:

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Is your child allergic to any medication e.g. Penicillin? If yes, please state which medication.

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Will your child be receiving any medication during the visit? If yes, please detail below:

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Is there any other medical information you feel we should know about? If so, please detail below:

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Does your child have any dietary needs (Allergies / religious dietary need / medical need)

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I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT NECESSARY DURING THE COURSE OF THE TRIP.

SIGNATURE OF PARENT / GUARDIAN.....

PRINTED NAME OF PARENT / GUARDIAN.....

Date:.....