



Yardley Primary School

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Head Teacher: Ms G Moore

6th March 2019

Dear parent/guardian

ALFREY ACTIVITY CENTRE 1st – 5th April 2019

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.

4W and 4H Monday to Wednesday

4O and 4U 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 and into the building. A small holdall/rucksack is recommended.



I would also like to take this opportunity to remind you to return the residential trip medical form previously issued - thank you to those parents who have already returned this form. If any medication is needed for the trip, please put it in a bag with your child's name 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 I Jones

Trip Leader



Kit List

- 1 Small bag for clothes, etc.
- 1 Black bag or similar for dirty clothes
- 1 Sleeping bag
- 1 **Waterproof** 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
- 1 Torch with spare batteries
- A plate, bowl, cup, knife, fork and spoon (not porcelain)
- A soft toy/comforter if needed
- Medication in a bag with your child's name on.

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

Please be aware that these items are not allowed on the trip:

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

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:

.....

.....

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:.....