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Website: www.shawprimaryacademy.co.uk

## RE STUBBERS RESIDENTIAL TRIP 15th July 2024

Tuesday 23<sup>nd</sup> April 2024

Dear Parent/Carer,

With the trip fast approaching, please ensure all monies are paid by 3<sup>rd</sup> of June deadline or a payment plan is in place.

As the initial letter stated, once you returned your permission slip and deposit, the places are confirmed, and you are now liable for a percentage of the full amount should you cancel your child's place. The percentage you will be liable for would be dependent on when you cancel, as we are now not able to make amendments.

If you are experiencing any problems in paying the balance, please do not hesitate to contact my Finance Manager, Mrs Jones, in the school office to discuss the possibility of arranging a payment schedule that suits your circumstances.

## For Action: Medical and Dietary Information

In readiness for our trip to Stubbers, we need to give the centre some vital information with regard to any medical information, or any special dietary requirements that your child might have in preparation for our arrival.

Attached, you will find the Medical and Dietary Information form, which we would like you to complete and return to the school (via your class teacher please) by Friday 24th May 2024.

We will, in due course, be setting up a meeting regarding the trip and details of this will follow shortly.

Thank you

Yours sincerely,





Name (Child)	
Date of Birth	
Address	
Parent/Carer Contact	First Contact Name:
Telephone Number	Contact Number:
*Please include all numbers	Relationship to child:
that you can be contacted	Second Contact Name:
	Contact Number:
	Relationship to child:
	Additional Contact Name:
	Contact Number:
Nigora and Address of Obilelia	Relationship to child:
Name and Address of Child's Doctor	
Booton	
Does your child have any	YES* / NO
disabilities/medical conditions	*if yes please give broad details and a member of staff will contact you for
that require medication? This	specific information prior to the visit
includes travel sickness	
Does your child have any	YES*/ NO
food intolerances or dietary	*if yes please give broad details and a member of staff will contact you for
requirements?	specific information prior to the visit
Do you give permission for	YES*/ NO
staff to administer	1237140
children's medicines e.g.	
Calpol for minor conditions	
e.g. headaches/stomach ache	
whilst we are away?	
My child can swim Yes/No	My child is a confident Yes/No
25meters	swimmer
I agree to authorise members	of staff during the course of the visit to approve such medical treatment for
my child as is necessary in an emergency on the advice of a qualified medical practitioner.	
Signed (Parent/Guardian	
Print name	
Date	
Date	