

RE STUBBERS RESIDENTIAL TRIP

Monday, 19 May 2025

Dear Parent/Carer,

With the trip fast approaching, please ensure all monies are paid by 6th of June deadline or a payment plan is in place and agreed in writing.

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, Ms Waites, 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 Monday 2nd June 2025.

A meeting has been organised for Monday 9th June, at 3.15pm – 3.45pm. This will be held in 6C classroom, please enter the building using the white doors by the bus.

Thank you

Yours sincerely,

Ms D Kimpton
Headteacher

Medical and Dietary Information

Name (Child)			
Date of Birth			
Address			
Parent/Carer Contact Telephone Number *Please include all numbers that you can be contacted		<u>First Contact Name:</u> Contact Number: Relationship to child: <u>Second Contact Name:</u> Contact Number: Relationship to child: <u>Additional Contact Name:</u> Contact Number: Relationship to child:	
Name and Address of Child's Doctor			
Does your child have any disabilities/medical conditions that require medication? This includes travel sickness		YES* / NO *if yes please give broad details and a member of staff will contact you for specific information prior to the visit	
Does your child have any food intolerances or dietary requirements?		YES*/ NO *if yes please give broad details and a member of staff will contact you for specific information prior to the visit	
Do you give permission for staff to administer children's medicines e.g. Calpol for minor conditions e.g. headaches/stomach ache whilst we are away?		YES*/ NO	
My child can swim 25meters	Yes/No	My child is a confident swimmer	Yes/No
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			
Print name.....			
Date			