

Avon Green South Ockendon ESSEX RM15 5QJ TEL NO. 01708 852367

*E-mail* – <u>admin@shawprimary.thurrock.sch.uk</u>
Website: <u>www.shawprimaryacademy.co.uk</u>

## RE STUBBERS RESIDENTIAL TRIP

Monday, 19 May 2025

Dear Parent/Carer,

With the trip fast approaching, please ensure all monies are paid by 6<sup>th</sup> 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 2<sup>nd</sup> June 2025.

A meeting has been organised for Monday 9<sup>th</sup> 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		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:	
Name and Address of Child's		Relationship to child:	
Name and Address of Child's			
Doctor			
De se verme skild herre env		VEC* / NO	
Does your child have any		YES* / NO	
disabilities/medical conditions that require medication? This		*if yes please give broad details and a member of staff will contact you for	
includes travel sicknes		specific information prior to the visit	
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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	
1			
Do you give permission	on for	YES*/ NO	
Do you give permission staff to administer	on for	YES*/ NO	
		YES*/ NO	
staff to administer	e.g.	YES*/ NO	
staff to administer children's medicines e	e.g. itions	YES*/ NO	
staff to administer children's medicines e Calpol for minor condi	e.g. itions	YES*/ NO	
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