Barrs Court Primary School



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Dear Year 4 Parent/Carer

**Year 4 Residential Visit Kilve Court – Wednesday 23rd – Friday 25th April 2025**

We are very much looking forward to taking the Year 4 children on a residential trip to Kilve Court in Term 5. As you know, the trip will begin on the morning of Wednesday 23rd April and the children will be staying until Friday 25th April (3 days and 2 nights).

We would like to invite you to a meeting where we will be able to share with you the details of the trip and provide you with any extra information that you need to prepare on

**Monday 31st March (5pm)**

So that you have plenty of time to prepare for the trip, attached to this letter, you will find some useful information including a kit list for things that your child will need to be best equipped to engage with the full residential experience.

Also attached, are three medical forms that we would ask that you complete. The two **white** forms are to be completed and returned to school **as soon as possible** please. The **yellow** medical form is to be retained by you and then handed in to the teachers on the morning of the trip before departure.

Please read all the information attached carefully. There will be an opportunity to ask any questions that arise at the information meeting on the **31st March** and we look forward to seeing you there.

If you would like more information about the venue itself, please see the company website: <https://sseoutdoors.co.uk/centres/kilve-court/>

Thank you.

Blue Area Team

**SCHOOL JOURNEY TO Kilve Court, Somerset**

**Wednesday 23rd April – Friday 25th April 2025**

**KIT LIST**

Essential Kit

* Practical clothing for 3 days – most for out of doors, and clothes that can get dirty (jeans are not ideal as they are difficult to dry)
* Warm, waterproof coat
* Waterproof trousers (if possible)
* Tracksuit bottoms
* Warm jumper(s)
* Socks and underwear
* T-shirts
* Strong walking shoes or trainers
* Spare pair of shoes
* Pair of slippers
* Wellington Boots and long socks
* Hat, scarf and gloves for cold weather
* Sun-cream and a sun hat for warmer weather
* Night wear
* Large plastic bag for dirty clothes
* Shower kit/toothbrush/toothpaste/comb or hairbrush (in a wash bag) and towel. **NO aerosols please**
* Jewellery, including earrings, should not be worn during activities due to the possibility of being caught in the equipment, and long hair must be tied up. (It would be advisable to remove earrings prior to the trip)
* **Bedding:** Pillowcase/Sleeping Bag/Bottom Sheet
* Torch
* Small Day rucksack.
* Empty water bottle (leak-proof top, non-breakable)
* A packed lunch to be eaten on the day of arrival packed in a disposable plastic bag

Recommended

* Cuddly toy
* Book to read
* Notebook and pencils
* Small card game

**Important Information**

NB - Please pack your child’s kit in as small a bag as possible. Remember only 3 days in total! Your child must be able to carry their own luggage for themselves.

**Please ensure that all items of clothing are clearly labelled including wellingtons and coats.**

**NO mobile phones or electrical devices please.**

**The children are not required to bring any money on this trip.**

**Kilve Court – Wednesday 23rd April – Friday 25th April 2025**

**Several Points to Note:**

1. Insurance has been taken out to cover all of the travelling, activities and any eventualities which may occur on the trip.
2. Two white medical consent forms are attached. Please sign and return to school as soon as possible.
3. A **yellow** medical form is attached and should be handed in on the morning of the trip.
4. **Emergency contact:** may be made via the school during the daytime and after school working hours. For an ***extreme*** emergency please contact Kilve Court on 01278 741270 to speak to a member of Barrs Court School staff or leave a message if necessary.
5. Thank you in advance for completing the medical forms. We will have them on the trip with us in case of emergency. By allowing your child to go on this residential trip you are also giving permission for the Barrs Court staff to act in “loco parentis” in the first instance. Mr Balch is qualified in Paediatric First Aid and there are First Aid trained staff at Kilve Court. In the event of a medical emergency, we will make decisions based on our judgement in the first instance and make you aware of any serious issues by telephone as soon as possible.
6. Please check that the numbers we have to contact you in case of emergency are up to date, and let the school office have any changes/additions BY FRIDAY 21st MARCH AT THE LATEST.
7. We leave Barrs Court at 9.15am, to arrive at Kilve Court for 11.30am. All luggage needs to be securely labelled.
8. All medicines to be packed securely in the case, and the yellow form given to Mr Balch, clearly marked with child’s name and dosage on Wednesday 23rd April. Asthma relief inhalers may be carried by the child, but details must be written on the medical form. All yellow forms should be returned, even if no issues.
9. We shall return to school on the afternoon of Friday 25th April. Please collect your child from the school hall. We will keep you advised on the estimated arrival time by text during the afternoon however we are hoping to be back at around 3:30pm.

1. Sleeping arrangements- children will be in rooms with their peers. Staff are **very** close by.
2. **NO** extra food of any kind is to be brought. Should your child have any special dietary requirements please let us know immediately.
3. Our 3 days away will be action packed. Please make sure your child has the appropriate kit as per the attached list.
4. A text will be sent out to parents to confirm safe arrival of the party to Kilve Court and we will keep you posted via our school Facebook page throughout the week.

**BARRS COURT PRIMARY SCHOOL**

**Year 4 School Journey to Kilve Court, Somerset**   **Health Issues and Medication**

Please complete the following medical information:

**MEDICAL INFORMATION**

1 Are you aware that your child has any medical condition? YES/NO

If Yes please give brief details below, e.g. asthma, epilepsy.

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2 Could this condition possibly require staff to administer medication or assist your child in administering medication? YES/NO

If yes it will be necessary to follow the procedures laid down in the school’s administration of medication policy and complete a Health Care Plan

3 Has your child had a vaccination against tetanus in the last ten years? YES/NO

4 Please give contact details for child’s GP

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 Do you give permission for staff to administer non-prescribed drugs, e.g. in the event of a bee sting or headache (we will be taking Calpol, Neurofen, Piriton, Strepsils, Savlon Antiseptic Cream and Anthisan Cream)? YES/NO

If yes are there any medications or treatments your child cannot have. Please provide details below (ie plasters/travel sickness tablets):

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**EMERGENCY TREATMENT**

Please note that in the event of an emergency, where staff are unable to contact you, they will give permission for any emergency dental, medical or surgical treatment. Staff will give permission for treatment as advised by the medical authorities present.

**NHS Medical Number** (if known) (you can obtain this from the GP Surgery) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT NUMBERS** with adult name please

Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIETARY REQUIREMENTS**

Does your child have any particular dietary/allergy conditions? YES/NO

If yes please indicate details below:

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**DECLARATION**

I give my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the above activity which I understand has been organised in accordance with South Gloucestershire Guidelines and that insurance cover is provided. I have answered the questions above fully and the information provided is accurate as far as I am aware.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BARRS COURT PRIMARY SCHOOL**

**Year 4 Trip to Kilve Court 2025 – Medication**

All medicines to be sealed in a plastic bag with child’s name and dosage. Asthma relief inhalers may be carried by the child. It would be much appreciated if medicines are clearly labelled to advise staff.

Please give clear instructions below as to administration.

Child’s Name: …………………………………

|  |
| --- |
|  |

Please write name and dosage of medication here [in case of bags lost].

|  |
| --- |
| Medication:Dosage: |

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