



Yaxham Church of England (VA) Primary School  
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 Headteacher: Mrs Jennie Müller  
 Chair of Governors: Mrs Michelle Parnell

Friday 1<sup>st</sup> April 2022

**Adventurous Activities Trip & Sleepover!**

Dear parents and carers,

We have booked a very exciting trip for our year 1, 2, 5 and 6 children. We will be visiting the Hautbois Activity Centre on **Friday 1<sup>st</sup> July** for a fun-filled day of adventurous activities. Although Foxes and Hedgehogs are going on this trip together, this is purely to save money on travel costs. Our activities throughout the day will be different. Children will need to be in school early on this day as we need to arrive at Hautbois for 9am. The coach will be here at **8am** and children will need to arrive for the same time.

The day will include 3 fantastic activities which will be...

Years 1 and 2	Years 5 and 6
Crate stacking	Stand-up paddle boarding
Climbing	Monkey climbing
Zip wire	Bridge building

Feel free to investigate these activities further on the Hautbois website.

<https://www.hautbois.org.uk/activities/>

We will then be inviting all of these children for a sleepover at school. We will all have tea, sleep in sleeping bags in classrooms and then have breakfast in the morning. Children can be collected from school on the Saturday morning at 9am.

Hedgehogs' children will sleep in their own classroom.

Foxes' boys and girls will sleep separately across the other two classrooms.

The children will need a packed lunch on this day and will need to be dressed appropriately for the outdoors whatever the weather (this does not need to be school uniform). School packed lunches can be ordered in advance from the office. They can bring their sleeping bags and pillows into school on the Friday morning. They probably won't need any other bedding as we will put the PE mats out for children to sleep on top of.


We would love for this experience to be a way to celebrate how hard the children have worked this year and to do some team-building activities before they each take their next steps in September.

As a school we will be using £700 of our sports premium funding to partial fund this trip. In addition to this The Friends of Yaxham School have very kindly agreed to pay 20% of the total cost. Therefore, we will be asking for a parental contribution of £19 per child for this trip.

Please complete the forms attached as soon as possible and return them to school with the contribution of £19.

If you have any concerns regarding funding this trip, please do feel free to ask us for support. Please just talk to us if you have any questions or worries, we are here to help as best we can.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Gilbert Knee', written in dark ink.

Mrs Gilbert

Mrs Knee

Hautbois Activity Trip & Sleepover - Permission Slip

Child's name:.....

*\*please delete as applicable*

I give / do not give permission for my child to attend the trip to the Hautbois Activity Centre on Friday 1<sup>st</sup> July 2022.

I give / do not give permission for my child to attend the sleepover at Yaxham Primary School on Friday 1<sup>st</sup> July 2022

I have / have not enclosed a contribution of £19.

Parent's name:.....

Parent's signature:.....

Date:.....



**Form PC 3**

**Personal information and Parental Consent Form – Level 3 Visits**  
**CONFIDENTIAL**

**To be completed by the Visit Leader:**

Please return to: May-Ann Knee and Zoe Gilbert (Visit Leader)

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: Hautbois Activity Centre and School Sleepover

Day & date of departure: 1<sup>st</sup> July 2022 Time: 8.00 am Return to school 3.30

Day & date of return: 2<sup>nd</sup> July 2022 Time: Collection from school 9am

List of activities to be undertaken:

- |                 |                            |
|-----------------|----------------------------|
| Hedgehogs       | Foxes                      |
| • Crate Staking | • Stand-up paddle boarding |
| • Climbing      | • Monkey climbing          |
| • Zip Wire      | • Bridge building          |

Method of travel: Coach (seat belts fitted as standard Yes/No)

**To be completed by Parent/Guardian (please use block capitals)**

Young person's full name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

Post code: \_\_\_\_\_

Main telephone no : \_\_\_\_\_

Name of parent(s)/guardian(s):

(i) \_\_\_\_\_ Relationship: \_\_\_\_\_

(ii) \_\_\_\_\_ Relationship: \_\_\_\_\_

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) \_\_\_\_\_

Tel. no. \_\_\_\_\_

(ii) \_\_\_\_\_

Tel. no: \_\_\_\_\_

Doctor's name : \_\_\_\_\_

Doctor's Tel. no: \_\_\_\_\_ National Health No. (if known): \_\_\_\_\_

Date of last known tetanus injection (if known): \_\_\_\_\_

Please give details of any recent illnesses: \_\_\_\_\_

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, mental health problems etc.

I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give\* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

\* please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature of Parent / Guardian: \_\_\_\_\_  
(if participant is under 18)

Signature of Participant: \_\_\_\_\_

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

In event of an asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signature of Parent / Guardian: \_\_\_\_\_  
(if participant is under 18)

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

**Copies to be carried securely by the Visit Leader &/or Group supervisor.**

The data on this form will be kept in line with our data protection policy.