# High Littleton C. of E. Primary School, High Littleton, Bristol BS39 6HF

Part of the Midsomer Norton Schools Partnership

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Head Teacher: Mr Gareth Griffith



17th January 2024

Dear Parents/Carers,

Thank you for attending the meeting today. I hope it was useful and clarified a few questions you may have had around the residential visit to **Mendip Outdoor Pursuits on Wednesday 17<sup>th</sup> April**— **Friday 19<sup>th</sup> April**.

As you know we will be travelling to Mendip with both Farrington Gurney and Clutton Primary Year 4. We will spend some time with these children, including eating together and some activities together.

This letter will further clarify the following:

- \* Overview, accommodation and facilities
- \* Activities and Itinerary
- **※** Clothing List
- \* Rules for the trip
- ★ Medical Form and permission

We expect to leave school at around 10.30am on Wednesday 17<sup>th</sup> April, and we will be back to school at approx 3pm on Friday 19<sup>th</sup> April. A 'final arrangements' letter informing you about the exact drop-off times will be sent out nearer the time of the residential during Term 4. Children will require a packed lunch on Wednesday 17th April, which will be eaten on arrival at Mendip.

Please complete the attached parental consent forms and medical form by Friday 9<sup>th</sup> February.

If you have any questions please do not hesitate in contacting the school.

Yours sincerely,

## Mr Gunning

Mr Gunning
Deputy Headteacher









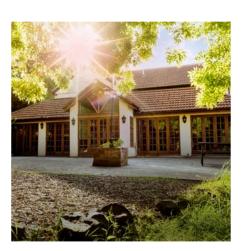


#### **OVERVIEW, ACCOMMODATION and FACILITIES**

This Year 4 residential will be our third visit to Mendip Outdoor Pursuits Centre. It is a beautiful site set in the heart of the Mendips and being a spring trip, I am hopeful that we will have some good weather. We will be staying in the Mendip Lodge and the children will share with 4-8 other children. **Children will need to bring their own sleeping bags and pillows.** There is a shower block and we will ensure that the children use this at least once! The children will be split into groups for activities with either Mr Smalley, Mrs Beale or Mrs Platten. Sometimes both groups come together for certain activities.







#### **ACTIVITIES**

These are the activities we will be enjoying whilst at Mendip:

Archery Active
Orienteering
Paddle Sports
Team Building Challenges
Evening Activity

#### **SAMPLE ITINERARY**

**07.30**: School staff wake up the groups

08.30: Breakfast

10.00: First & Second activity session12.30: Lunch and supervised free time13.30: Third & Fourth activity session

**16.00**: Supervised free time

**17.00:** Evening meal

**18.00:** Evening activity session

20.30: Back to communal area for a debrief21.00: Children back to room and lights out











#### **CLOTHING LIST**

Being a spring residential, it is likely that children will need a full range of clothing. Several of the activities will need long sleeves and trousers for Health and Safety reasons and during the evening/night the children will need a hoodie and coat. Of course, there is also a fair chance of rain, so a waterproof jacket would also be required.

This list is compiled **as a guide** to what is required. We hope that you will not need to make any special purchases. This is an educational trip on a rural site so all clothing should be comfortable and practical. Please limit your luggage to one **medium-sized** holdall or suitcase - **remember we are only away for two nights.** 

Clothes	Toiletries	Extra items
<ul> <li>Hooded waterproof coat (preferably lightweight cagoule rather than thick padded coat – these will get wet and dirty)</li> <li>A pair of trainers suitable for dry activities plus walking boots or wellies</li> <li>Gloves and warm hat</li> <li>Plenty of socks - not just trainer socks</li> <li>Changes of underwear for each day plus spares</li> <li>Enough T shirts or tops for 3 days</li> <li>Two thick jumpers or hoodies</li> <li>2 pair of trousers/leggings for activities - not jeans</li> <li>Evening clothing - Trousers/skirts - jeans okay</li> <li>Warm nightwear</li> <li>Sunhat/baseball cap</li> </ul>	<ul> <li>A towel</li> <li>Hairbrush</li> <li>Toothpaste</li> <li>Toothbrush</li> <li>Shampoo/conditioner</li> <li>Face wash/soap/shower gel</li> <li>Wash bag</li> <li>Hair-bands to tie back long hair</li> </ul>	<ul> <li>Plastic water bottle</li> <li>Digital camera</li> <li>Book</li> <li>Pens, pencils etc.</li> <li>Torch and batteries</li> <li>Watch</li> <li>A plastic bag/black sacks for dirty/wet clothes</li> <li>A bag of sweets/snacks max.</li> <li>Sun Cream (High spf)</li> <li>No money needed</li> <li>Bedding &amp; pillow</li> </ul>

Please ensure that **ALL** clothing is **NAMED** 

Hair-straighteners, mobile phones, or any sort of electronic games are **not** allowed so please **DO NOT BRING THEM** 











## **RULES OF THE TRIP**

As with all trips we need to have rules. These rules are for the benefit of everyone - you, the teaching staff, all the other people in the party and the staff at the centre.

- Use your common sense at all times think about the consequences of your actions.
- Be thoughtful, helpful and polite to <u>ALL</u> other people at <u>ALL</u> times.
   <u>REMEMBER</u> manners cost nothing.
- Always be punctual, particularly for meals for which you must have clean hands and be suitably dressed.
- Get up in the morning when you are told to do so by an adult and not before

   remember that although you may be awake, there will be others who are
  not.
- Keep your room tidy and make your bed every day your room will be inspected each evening.
- Ensure that you have a shower every day.
- Mobile phones and electronic games are not allowed, so do not bring them.











#### PARENTAL CONSENT FORM

School Residential Trip 2024 – Mendip Outdoor Pursuits Wednesday 17<sup>th</sup> April - Friday 19<sup>th</sup> April

Child's Name		Date of Birth		
Full Home Address				
Home Telephone Number				
	Name and relationship to	child	Mobile number	
In case of emergency please contact the	1			
following parents /	2			
carers in this order:	3			
Please tick and sign:  ☐ I hereby give permission for my child to attend the residential trip to Mendip Outdoor Pursuits from Wednesday 17 <sup>th</sup> April - Friday 19 <sup>th</sup> April.				
I give permission for my child to participate in the activities described				
☐ I give permission for my child to travel by coach				
I believe that the information I have provided above and in the medical form to be correct and will notify the school of any changes as soon as possible				
☐ I agree to my child receiving medication as instructed by myself and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present				
Signature of Parent/C	arer:	Dat	te:	

Midsomer Norton Schools Partnership (MNSP) Notes: There is in force a policy of insurance in respect of this trip which provides cover for the matters referred to in the attached documents. You may decide to take out additional, private insurance. MSNP through its employees and agents will at all times take reasonable care of your child and with them, his/her personal effects and money. If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the MNSP, its employees or agents, the MNSP will not be able to pay any damages or meet any expenses arising. Similarly, if your child incurs any liability towards a third party or damage caused to the third party property, the MNSP will not be responsible for this unless it can be shown to be at fault in some way.











### **MEDICAL FORM - CONFIDENTIAL**

Child's name:				
Please tick one as appro	priate:			
☐ I confirm that my child medication	d does not suffer from any n	nedical cond	dition requiring regular treatment or	
OR				
☐ My child suffers from eczema, migraines, trave	l sickness) requiring regular	treatment o	(eg asthma, or medication.	
Please list details below a	and give all medication to M	Irs Beale in a	a small clear bag on the day of departu	re.
Name of treatment or medication	When treatment needs to be given	Instructions (eg How much? How treatment or medication needs to be administered)		
1.				
2.				
3.				
				I
Chosen Dietary	Allergies incl. food allergies		Physical disabilities	
Requirements (e.g. vegetarian)	(e.g. food, plants, ani medication)	mals,	(e.g. anything that may prevent the child from taking part in activities)	











Doctor's Name	
Surgery Address and Telephone	Address
Number	Telephone
Personal Information (e.g. bedwetting, sleep walking/talking, sleeping with light on, toilet/sanitary)  This information is kept entirely confidential	

"Love each other as I have loved you" John 15:12

Signature of Parent/Carer: \_\_\_\_\_\_ Date: \_\_\_\_\_









