

26th July 2021

Dear Parent/Carer

**Year 6 Residential Visit to
 Beaumanor Outdoor Learning Centre
 5th – 7th October 2021**



We are so thrilled to once again be able to give Year 6 pupils a fantastic opportunity to take part in a superb, exciting and rewarding residential visit to **Beaumanor Outdoor Learning Centre in Leicestershire from the 5th – 7th October 2021**, consisting of an all-inclusive 2 night adventure with various activity sessions over 3 days.

The timetable for the visit will be busy from the moment the children arrive until the time they leave and will include outdoor and adventurous challenges plus team building activities led by fully qualified and experienced instructors. Activities may include:

- Canoeing
- Bridge Building
- Archery
- High Ropes
- Murder Mystery
- Team games



Accommodation consists of purpose made secure lodges with en-suite accommodation, lounge/break-out room and kitchenette. Children will be supervised at all times by members of staff from Portland and instructors from Beaumanor Outdoor Learning Centre.

We see this as a crucial part of your children learning and as a result, there will be no charge for this experience.

Residential visits not only develop social skills and teamwork, but they also challenge pupils to develop resilience and confidence. Children enjoy being away and the whole experience further develops their self-esteem. This is definitely something well worth taking part in!

There will be a meeting at Portland on **Monday 27th September at 3 30 pm** to inform for parent/ carers of what the children can expect during their experience at Beaumanor and to answer any questions you may have.

For your child to take part in this fantastic residential opportunity, **please confirm consent** by going onto the 'school gateway' and ticking the consent box. If you experience any problems accessing school gateway please speak to office who will be happy to help. Please be aware consent **MUST** be given no later than **Friday 1st October 2021** if you wish your child to attend.

We also need the attached Nottingham City Council consent form completing and returning to the school office no later than **Friday 1st October 2021**.

Yours sincerely

Mrs L Wright & Mr B Evans
Year 6 teachers

Beaumanor Kit List

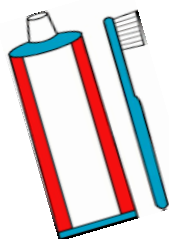


Medication

Please ensure any medication your child may need i.e. inhaler is clearly labelled with their name.

Residential Kit

- + Sleeping bag
- + Pillow
- + Toiletries
- + Towel
- + Nightwear
- + Underwear
- + Torch
- + Indoor shoes
- + Plastic bags!!!



Activities Kit

- + Tracksuit bottoms
- + Thermal / football tops / shorts
- + Sweatshirt / fleece
- + Waterproof jacket / trousers
- + Hat
- + Old trainers
- + Wellies

Please speak to class teacher if you have any concerns or questions.

Mrs L Wright & Mr B Evans
Year 6 teachers

EV4 - CONFIDENTIAL PARENTAL CONSENT FORM (to be distributed with full details of the visit)

1. Consent for participation in the visit

Visit to: **Beaumanor Outdoor & Residential Learning Centre, Leicestershire, LE12 8TX.**

Activities to be undertaken: **Outdoor / Adventurous Activities i.e. Zip wire, Abseiling, Climbing and Canoeing.**

Date(s)/Times: From: **Tuesday 5th October to Thursday 7th October 2021**

I agree to my son/daughter [redacted] **(name)** taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand the extent and limitations of the insurance cover provided.

* If there are any activities in which your child cannot participate, please give details:

2. Medical information, declarations and consent

a) Son/daughter's date of birth : [redacted]

b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware:
YES/NO

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, etc.

c) **Details of any medication (either required on the visit or currently being taken)**

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration	Any special precautions, side effects of medication

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

**** delete if not applicable**

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? : **YES/NO** If **YES**, please give brief details:

e) Is your son/daughter allergic to any medication: **YES/NO** If **YES**, please specify:

f) Has your son/daughter had a tetanus injection? **YES/NO** If **YES**, when was this?

Please turn over and complete the other side

g) Please outline any special dietary requirements of your child:

h) **I undertake** to inform the group leader/head teacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. **Emergency contact numbers**

a) I may be contacted by telephoning the following numbers:

Work: _____ Home/Mobile: _____

My home address is: _____

b) If not available at the above, please contact:

Name: _____ Telephone Number: _____

Address _____

c) Name, address and telephone number of family doctor: _____

4. **Any other relevant information**

5. **Photo consent**

During this visit photographs or video footage may be taken of your child. This may be used by the school and/or Nottingham City Children's Services for displays, publicity and on our websites. Please tick the appropriate box below.

I give consent for photographs/videos of my child to be used as above	<input type="checkbox"/>
I do not give consent for photographs/videos of my child to be used as above	<input type="checkbox"/>

6. **Signature**

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian

1 copy of this form to be held by the school - 1 copy to be taken by Leader on the visit