

**Year 5 Residential: High Ashurst** 

Wednesday 22<sup>nd</sup> May to Friday 24<sup>th</sup> May 2024

# **Accompanying Adults**

Miss Bealin-Kelly Mr Doe Mr Flower Ms Haire Miss Bellis

(2 parent helpers – Mr Stephens and Mr Lenoel)



Why are we going?

### **PSHE & PE Curriculum Links**

- Encourage independence
  - Develop self-risk
  - Learn new skills
    - Team work

# **Transport**

Children will travel from school via a coach

Departure: Wednesday 22<sup>nd</sup> May @ 8:15am

Please arrive at school 7:40-7:45 (please do not be late!)

Return: Friday 24<sup>th</sup> May @ 2:30pm approx. Usual pick time from school



# Accommodation Teepees

### **Itinerary**

Organisation Name: Cardinal Newman Catholic Primary School   Number Of Groups: 7   Nights: 2   Arrival Date: 09:15, 22 May 2024   Departure Date: 14:00, 24 May 2024									
Session	Time	Cardinal Newman 1	Cardinal Newman 2	Cardinal Newman 3	Cardinal Newman 4				
Wednesday 22 May									
Wed	09:30 - 12:30	Climbing (A)	Climbing (B)	Climbing (C)	Team Tasks (A)				
Wed	13:30 - 16:30	Woodland Skills (A)	Woodland Skills (B)	Woodland Skills (C)	Climbing (A)				
Wed	18:30 - 20:30	Evening MA Session 2 hrs - Instructor led activity (A)	Evening MA Session 2 hrs - Instructor led activity (A)	Evening MA Session 2 hrs - Instructor led activity (B)	Evening MA Session 2 hrs - Instructor led activity (B)				
Session	Time	Cardinal Newman 1	Cardinal Newman 2	Cardinal Newman 3	Cardinal Newman 4				
Thursday 23 May									
Thu	09:30 - 12:30	Team Tasks (A)	Team Tasks (B)	Team Tasks (C)	Ropes 3 (A)				
Thu	13:30 - 15:00	Orienteering (A)	Orienteering (B)	Orienteering (C)	Woodland Skills (A)				
Thu	15:00 - 16:30	Code Breaker (A)	Code Breaker (B)	Code Breaker (C)	Woodland Skills (A)				
Thu	18:00 - 20:30	Self-led group activity (A)	Self-led group activity (B)	Self-led group activity (C)	Self-led group activity (D)				
Session	Time	Cardinal Newman 1	Cardinal Newman 2	Cardinal Newman 3	Cardinal Newman 4				
Friday 24 May									
Fri	09:30 - 11:00	Ropes 3 (A)	Ropes 3 (C)	Ropes 3 (B)	Orienteering (A)				
Fri	11:00 - 12:30	Ropes 3 (A)	Ropes 3 (C)	Ropes 3 (B)	Code Breaker (A)				















They will need a pack lunch, brought from home for Wednesday lunch time (in a plastic disposable bag please).

Re-useable water bottle

All other food will be provided by the centre.

Please ensure we are informed of ANY food allergies ASAP

# Equipment

List:

Please refer to handout.

Clothing	Other		
Underwear (at least 4 pairs)	Wash bag: toothbrush, toothpaste,		
	deodorant		
Socks (at least 4 pairs)	Brush		
3 x shorts/leggings/ tracksuit bottoms	Hairbands		
– at least 1 full length (not jeans as			
these restrict movement)			
3 x T-shirts (ideally 1 with long	Small towel		
sleeves)			
2 x Sweatshirt	Travel sickness pills or bands *		
Pyjamas – long sleeved/full length	Medication *		
plus onsie or similar			
Trainers (Suitable for outdoor	Plastic bags for dirty clothes/trainers		
activities) plus a spare pair			
Waterproof coat	Glasses case (if necessary)		
Crocs or sliders and thick socks to	Reusable Water bottle		
wear inside tents			
Camping roll/yoga mat-no air beds	Torch		
Sleeping bag (2-3 season)	Suitable sized 'teddy' if necessary		
	Pillow		

# **Equipment**

List:

Please refer to handout.

Please note: **NO** sweets, biscuits, extra food etc. to be packed. We have children with allergies and this could prove dangerous.

Absolutely no electronics, mobile phones, music devices etc.

No jewellery to be worn during trip.

Please only send roll in deodorant-NO aerosol.

\*Medication: These must be clearly labelled with your child's name and given to the group leaders on the morning of departure.

A wheelie suitcase will **NOT** be ideal to pack belongings. We suggest a large soft holdall.

### Medication

#### Year 5 Residential - High Ashurst Medical Details

Please ensure this form is completely filled out and handed in by Wednesday $26^{th}$ Apr $2023$ .							
Child's	Name:						
	ensured that my child understands that it is important for his/her safety and for the froup that any rules and any instructions given by the staff in charge are obeyed						
My chile	d has						
0	no illness, allergy or physical disability						
0	my child has an Individual Health Care Plan at school						
0	the following illness/allergy/ dietary need or physical disability:						
Please	tick both						
0	I consent to any emergency medical treatment necessary during the course of the visit.						
0	I consent to my child being given any required first aid or mild pain reliever (Calpol, anti-histamine, plasters, anti-septic, sting relief) if considered necessary by the party leader. (Please indicate above if your child has any allergies to these.)						
Name _	(Parent/Guardian)						
Signed	(Parent/Guardian)						

WORK

#### 2 FORMS! Please return BOTH

ALL medication details must be entered on the medication sheets provided.

This includes travel sickness tablets and creams.

Make sure all contact details are up to date.

Please make sure your child's teacher is aware of ANYTHING that could impact your child's stay

# **Medication**

Child's Name

Any medication should be clearly labelled and handed to class teacher on the day of departure with the attached form.

#### PUPIL MEDICATION REQUEST

Ciliu 5 Nairie										
Condition or Illn	ess									
Parent's Home No:Work:										
G.P										
Please tick the appropriate box										
My Child will be responsible for the self-administration of medicines as directed below.  I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.										
Signed			Date							
(Parent/guardian)			******							
Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine						
Special Instructions	<u> </u>		1							
Allergies										
Other prescribed medicines child takes at home	:									

Please indicate whether your child is able to self administer medication or whether an adult will need to administer.

Please indicate exactly what medication is needed, when, how much.

We MUST know the expiry of any medication you plan to give us.

Please use the back of the form if you need extra space or need to inform us of anything else important.

ALL medication must be handed to Mrs Sharp on the morning of departure.

Please add any additional details on the back of the form

# **Behaviour**

The school's behaviour policy will be followed.

We expect children to listen carefully and respectfully to ALL adults.

High expectation of manners.

Children to be kind and caring to their peers.

Children will be expected to responsible for their own possessions.

# **Preparation**

- Tell them you'll be fine without them!
- Practise packing and unpacking own bag and sleeping bag
- Try to organise a night at a friend's or relative's
- Be positive about what the trip will be like!
- Triple check all items on equipment list and label everything!

# Any questions?