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Headteacher Mrs Patricia Ruff

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To parents of children in Class 6PD

Dear Parents,

Re: Patteson Lodge Residential Final Meeting

With the residential visit quickly approaching and final arrangements being made, we are going to be hosting a meeting for parents to go over the final details of the educational visit. The residential visit is an essential part of our curriculum as it gives the children first-hand experiences that tie into our curriculum work once we are back in school and looking at coastal environments and coastal erosion.

At the meeting, we will be discussing the itinerary for the visit, departure arrangements and also looking at the venue we will be staying at. We also need to finalise any details about medical and food concerns and ensure that everyone's contact details are accurate and up-to-date. We will also be gathering information about your child's swimming capabilities as we need to not only know if they can swim at least 25m but are confident swimmers too, as the pool we attend has a wave machine. All of this information is recorded on the form which was sent home last year and returned into school. If you have not returned your form yet, please do so as soon as possible.

The meeting will take place on **Monday 15th October 2018 starting at 6:30pm.**

In addition to this, we are re-sending a copy of the kit list that was sent out last year just in case there are a few items that people may need to get before we depart.

Yours sincerely

Carl Parkin and Mrs Dawson
Class Teachers

Suggested Clothing/Kit List for Patteson Lodge Residential Visit:

We recommend that your child does not use new or expensive clothing. Depending on the weather, there is a high chance that your child will get muddy and wet!

ALL ITEMS MUST BE CLEARLY NAMED

We cannot accept responsibility for your child's property and valuable items are therefore brought at your own risk. Any electronic equipment (excluding mobile phones) used for the journey must be handed in to Mr Parkin, on arrival, for safe-keeping.

Essential Items:

- Comfortable walking shoes/trainers and a spare pair
- Wellington boots
- Slippers or other indoor footwear (must be worn inside the building)
- **Waterproof coat** (ideally waterproof trousers as well)
- Hat, gloves, scarf (spare gloves are desirable as 2 pairs may be required on colder days)
- Underwear
- Lightweight tops (5 or 6 - highly likely that this many layers will be required in one day!)
- Warm jumpers/sweatshirts (at least 3, depending on thickness)
- Trousers (at least 3 pairs; **not jeans as they are cold when wet and difficult to remove**)
- Socks (several pairs - more than one per day). Include thick socks for wellies.
- Nightwear
- Towel (plus additional, if swimming)
- Swimsuit and £1 for locker
- Toiletries (consider space in your dormitory by sharing)
- **Small** backpack for carrying lunch, drink, camera and inhaler, if taken
- **Named water bottle** that will last the week
- Pocket money, in a **named purse or wallet**
- Bin bag for wet/muddy clothes
- Carrier bag for washing
- Book or game for free-time, such as queuing for the shower!
- **Packed lunch and drink for Monday**

Non-essentials:

Teddy, torch (with spare batteries) and camera (disposable are better)
Coach entertainment

Please do not bring aerosols as they set off the very sensitive smoke detectors

The above should be packed in a medium-sized case or bag which can fit under a normal bed.

Bear in mind, your child will have to carry his/her case or bag up a flight of stairs.

No bedding is required.

e. When did your son/daughter last have a tetanus injection?

f. My child can swim _____ metres confidently.

My child is a non-swimmer.

- Please complete as appropriate.

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

2. Declaration

I agree to my son/daughter receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of the insurance cover provided.

Contact telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

Signed: _____ Date: _____

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.