Year 6 Red Ridge Residential

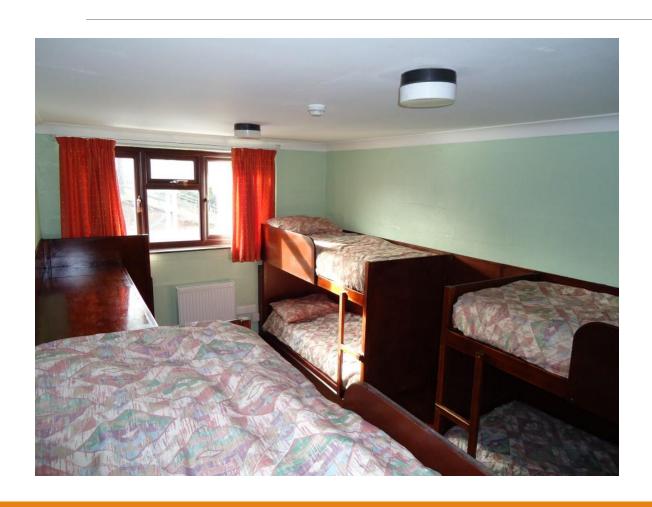
GROUP I - MONDAY 19TH FEBRUARY- WEDNESDAY 21ST FEBRUARY

GROUP 2 - WEDNESDAY 21ST FEBRUARY- FRIDAY 23RD FEBRUARY

The centre has provided specialist outdoor education courses to Primary and Secondary school children for over 35 years, and is licensed to do so by the Adventure Activities Licensing Service (AALS).



Rooms



- Boys and girls sleep in separate rooms.
- Dormitories sleep 2 8
- Children choose who they would like to share a room with.

Canteen



- Children have a cooked main meal followed by a dessert.
- Examples of meals include:
- Fish and chips
- Lasagne and garlic bread
- Sausage and mash
- Centre cater for a wide range of dietary requirements.

Making Sandwiches





- On day I, children will need to bring a packed lunch.
- On days 2 and 3, the children will make their own sandwiches for lunch.
- It is important the children bring a water bottle which they can refill each day.

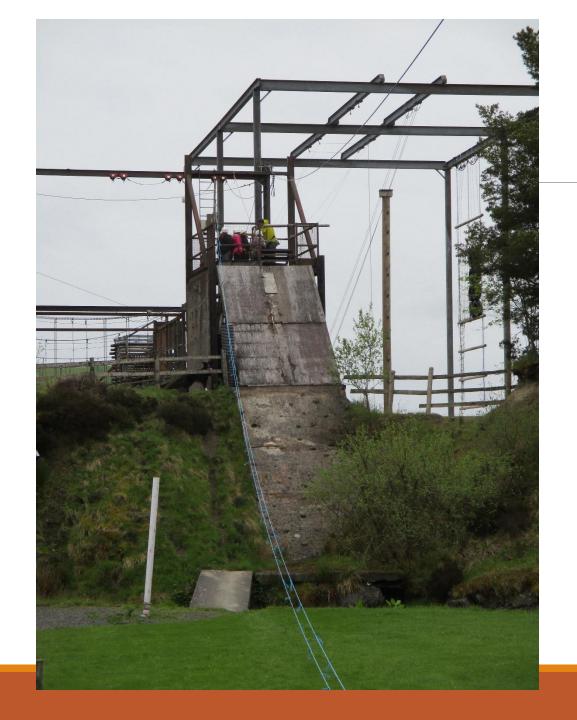
Day I - Activity Frame



Day I - Climbing Wall







Day I - Zip Wire

An exhibiting ride for all abilities, sliding down an 80 metre steel cable.

Day I - Zip Wire



Day I - Tower Abseiling

This is preparation for abseiling on real rocks.

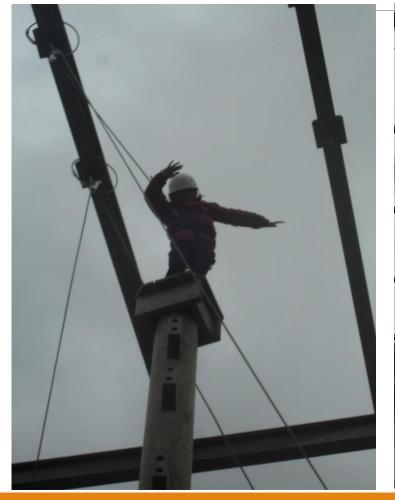


Day I - The Log Tower

A unique climbing facility enabling people of all abilities to build their confidence at height.



Day I - Totem Pole







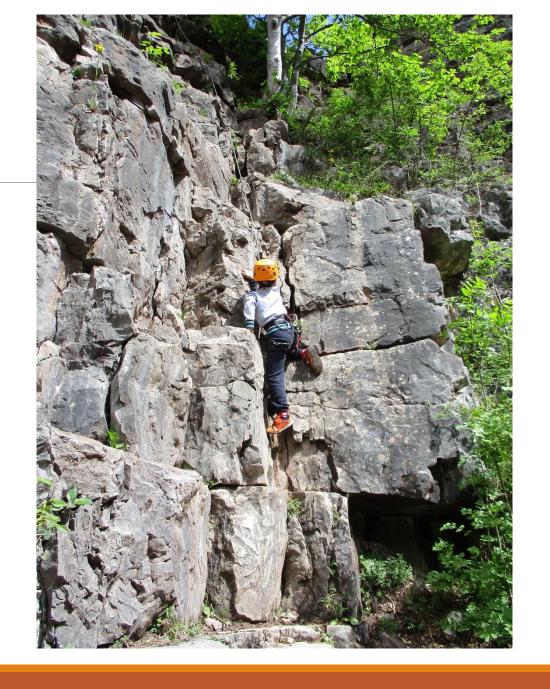
Day 1 - Orienteering

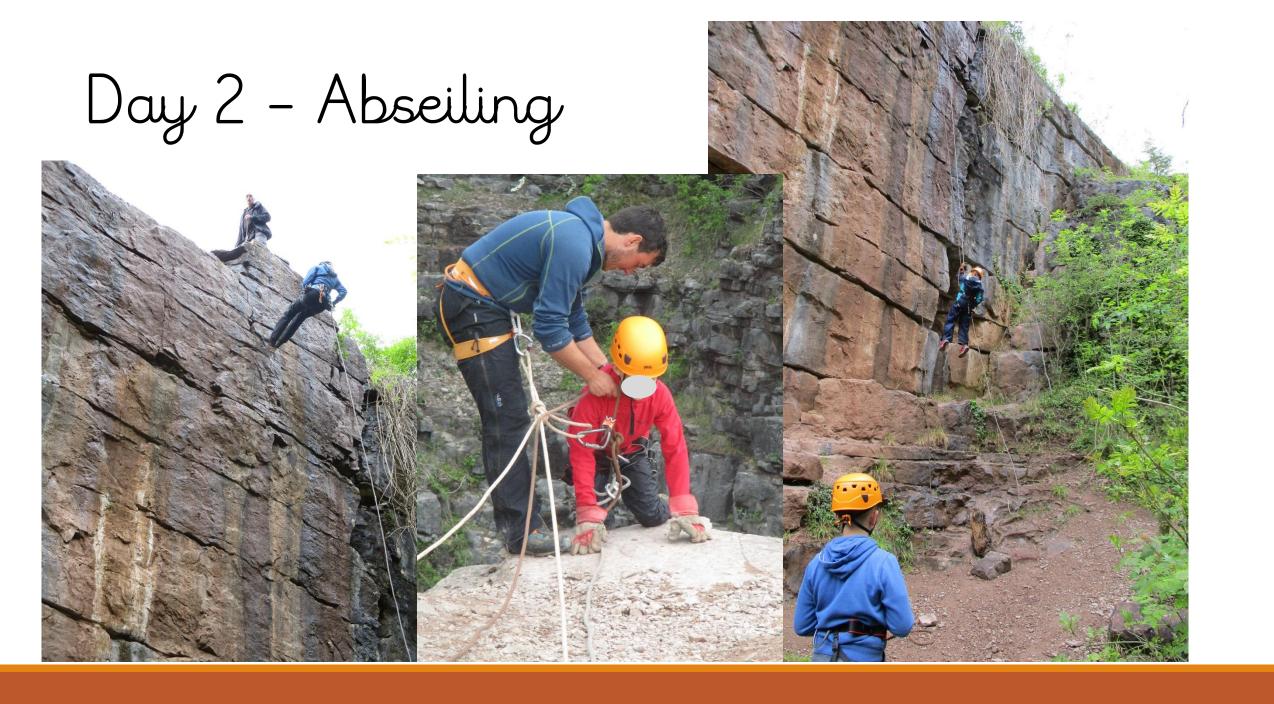
Working in small teams, the children have to find their way around the centre grounds.



Day 2 - Rock Climbing

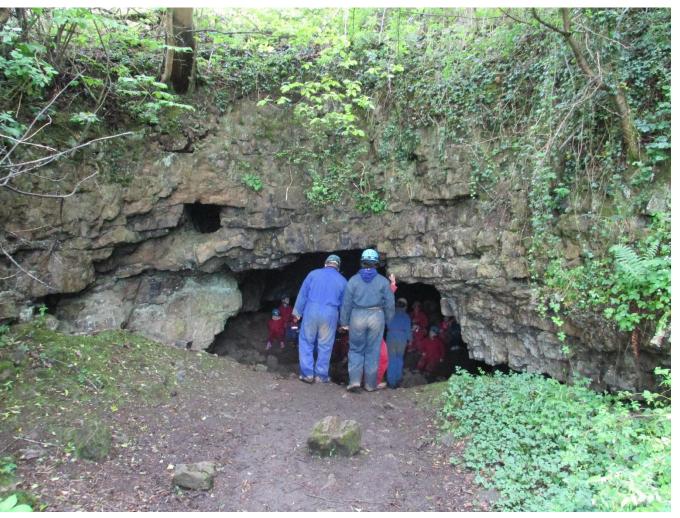






Day 2 - Caving





Day 2 - DVD and Disco





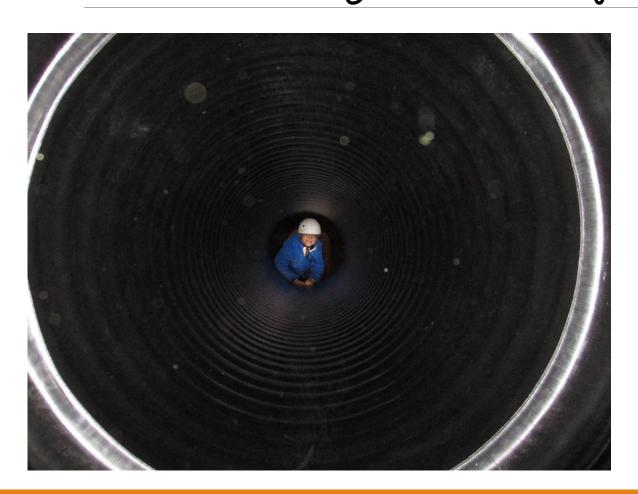
Day 3 - Archery

Expertly taught on a permanent archery range.





Day 3 - Artificial Caving



A favourite activity. Purpose built under the games room with dimmable lights.

Day 3 - Artificial Caving



Cost

• The total cost of the residential is £190. This will need to paid (in full) by Thursday 21st December.



• Before your child can go on the residential, there are certain forms we require. These forms will be given out a few weeks before the trip.



LEOMINSTER PRIMARY SCHOOL RESIDENTIAL TRIPS Parental Consent Form

NAME OF CHILD
I agree that my son / daughter may take part in the educational visit organised by the school to:
to take place on
Signed
Date
<u>NOTES</u>
1. Pupils are not insured by the Education Authority against personal accident. Consequently, the school has taken out a personal accident insurance for this visit. The policy covers personal accident, loss of personal effects, medical expenses and the cost to parents of visiting a child who may be detained in hospital away from home.
 The County Council accepts no responsibility for accidents or injury to pupils, or for loss or damage of personal effects, unless the cause is the negligence of the County Council or any member of its staff.
3. We have listed in school telephone numbers at which parents can be contacted in case of emergency, in particular when urgent medical treatment may be necessary. Parents who are willing to allow urgent medical or dental treatment to be given to their children when necessary should sign the form below.
4. If your child suffers from any medical problems or disability or needs to take any medication, please give details overleaf.
I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.
Signed
Date
This form assembles a letter to parente giving details of the proposed visit

This form accompanies a letter to parents giving details of the proposed visit.



LEOMINSTER PRIMARY SCHOOL RESIDENTIAL TRIPS Parent Information Form

esidential Visit to			on	
lame of child			Class	
Address and telephone	e numbers where par	ents can be contacted		
arent Name	Daytime	Evening	N	lobile Number
Other contact Name	Daytime	Evening	N.	lobile Number
oes your child suffe	er from any allergies	? Please give details		
f your child is taking	medication, please	indicate here and then fil	l in the se	parate form prov
your child is taking	medication, please	indicate here and then fil	l in the se	parate form prov
f your child is taking	medication, please	indicate here and then fil	l in the se	parate form prov
f your child is taking	medication, please	indicate here and then fil	l in the se	parate form prov
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If your child is taking			l in the se	parate form prov
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Name, telephone number and address of GP?
Does your child require any <u>specialist</u> dietary requirements? If so, please give details
Does your child suffer from travel sickness?
$\label{thm:continuous} \mbox{Has your child been away from home before? (Please give details of any problems encountered).}$
Please add below any other information which you think may prove useful on the visit (e.g. bed wetting/sleep walking).

Thank you for your co-operation.



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

DETAILS OF PUPIL					
DETAILS OF FORIL					
Surname					
Forename(s)					
Address				M/F	
				Date of birth	
				Class	
Condition or illness:					
MEDICATION					
Name/Type of Medica container)	ition (as describe	ed on the			
For how long will your	child take this m	nedication:			
Date dispensed:					
FULL DIRECTIONS F	OR USE:				
Dosage and method:					
Timing:					
Timing: Special Precautions:					
Timing: Special Precautions: Side effects:					
Dosage and method: Timing: Special Precautions: Side effects: Self administration: Procedures to take in	an emergency:				
Timing: Special Precautions: Side effects: Self administration:	an emergency:				
Timing: Special Precautions: Side effects: Self administration: Procedures to take in	an emergency:		Daytime Te	No	
Timing: Special Precautions: Side effects: Self administration: Procedures to take in CONTACT DETAILS	an emergency:		Daytime Te	No	

which the school is not obliged to undertake. I fully understand that the school or LEA accepts no responsibility for the voluntary administering of such medication by its staff, nor any subsequent problem which might arise from such administration. I confirm that I am the parent in respect of the child and accordingly I am legally empowered to give authority for the administration of this medicine.

Signature	
Relationship to child	
Date	

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List of items your child will require:

- sleeping bag
- several old jumpers or several thin layers as it may be cold
- warm hat, scarf and gloves
- nightwear
- slippers/an indoor pair of shoes
- 2-3 pairs of old trousers (No jeans where possible)
- teddy
- waterproof coat (and trousers if you already have them)
- wash things including a large towel and hand towel
- 2 pairs of shoes (trainers/walking boots)
- a small ruck sack to store packed lunch, disposable camera etc ...
- T-shirts
- change of underwear
- lunch for the first day and a water bottle
- black bin bag for any wet clothes
- medication in a labelled plastic bag/container
- **no** mobile phones or expensive electrical devices
- pocket money (maximum £10 in change)

Questions??