# Winhills Primary Academy

Part of The Diamond Learning Partnership Trust Established in the Queen's Jubilee Year 2012

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C.E.O Mrs Susannah Connell BSc MA (Ed Mgt) NPQH Headteacher: Mrs Roxanne d'Arcy BA (Hons)

5th February 2025

**Dear Parents** 

### Grafham Residential Trip 2nd April - 4th April 2025

Please find attached the permission/medical form for the trip to Grafham Water. Please would you complete the form and return it to the office by return.

Also attached is the kit list. Please can I ask that all your child's items are labelled as this will help us to locate anything that may go missing.

May I also remind you that the final balance for the trip is due by the 31st March 2025.

Yours sincerely

RLd'Arcy

Mrs R d'Arcy Headteacher On behalf of Winhills Primary Academy (Part of the DLPT)

The Diamond Learning Partnership Trust is a company registered in England and Wales.

Registered Company No: 8062508. Registered Office: Andrew Road, Eynesbury, St. Neots, Cambs. PE19 2QE











## 7.3 Appendix C - Permission Form

To be completed by pa		PERMISSION ardians on behalf of the Group Lead	the youn		attending and returned to
School/ group name:					
Dates of visit:	From:		То:		
Name of young person attending					
Address:					
Parent/Guardian name:					
Parent/Guardian contact numbers	Daytime number		Evenin numbe		
Date of birth of					
young person		Medical informa	ation		
Doctor		HICKIONI IIII			
Doctors address			J. C.		
Doctors telephone number	Daytime number		Evenin numbe		
Does he/she have a rare blood group?	YES/NO	If <b>yes</b> , please state	which g	roup	
is he/she allergic to any medicines?	YES/NO	If <b>yes</b> , please give details			
Has he/she been prescribed medication to take during your time at Grafham Water Centre?	YES/NO	If yes, please give		be hanc	led to the Teacher in
		charge, together	with the	written de	osage instructions.
Is there any other information concerning their health that you feel we should know about? e.g. sleepwalking, asthma, epilepsy, hay fever, diabetes, bed wetting		Please give details			



Has he/she had a Tetanus injection in the last 5 years?	YES/NO	Notes:	
DIETARY INFORMATI	ON Pleas	e indicate any special dieta o medical, religious or moral r	ry requirements he/she may have reasons.
	oue k	The diddi, foligious of moral.	
	P	ARENTAL DECLARATIO	N
A parent or guardian	n must com	plete the following section	if the young person is under 18
-		vears of age.	
I undertake to inform	the visit org	paniser or the Head Teache mstances occurring before	r as soon as possible of any
relevant change in me	edicai circui	instances occurring before	the journey.
In the case of accider	nt or illness	whilst away from home, I co	consent to any necessary medical
treatment, which might	include the u	use of anaesthetics.	
Please Note: We ma	y occasional	lly take photographs or film s. These may be used in	Please tick the box if
various publications, br	ochures, TV	or on our own website and	you <b>Do Not</b> wish your son/daughter/ward to
social media sites a	nd those of	of Cambridgeshire County	be included
Council.	IMC	URANCE ARRANGEMEN	TS
Lagree that (1 / my sou	o / daughtei	/ ward) will participate in a	programme of activities which has
been planned between	Grafham Wa	ater Centre and the school.	. 5
•			uncil covers all legal liability to all
ctudente on courses !	Personal Ins	urance is provided for all Ca	uncil covers all legal liability to all ambridgeshire County Schools on
receipt of the deposit	Grafham Wa	ater Centre regrets that the i	nsurance cover is not available to
other organications Su	ich organisat	ions are strongly recommend	ded to provide their own insurance hould take effect from the time of
for personal injury, loss booking.	s of possess	ions of cancellation, which s	modic take check from the time of
Signed:			Parent or Guardian
	3440		
Date:			
	(2)		
Thank you fo	or completin	g this form. Please return i	to your Group Leader.

### **Grafham Water Centre**



#### **Suggested Kit List**

Please mark this checklist and give it to your child to enable them to make sure that they bring home the correct clothing! Please make sure all items have your child's name on.

ITEM	QTY	CHECKED ON PACKING	CHECKED ON DEPARTING
T Shirts			
Sweaters/Fleeces			
Warm Trousers ( <u>NOT</u> Jeans)			
Shorts			
Underwear: Pants			
Socks			
Vests			
Nightwear			
Swimwear			
Bath and Hand Towel			
Washing Kit			
Indoor shoes (Slippers)			
Outdoor Shoes			
(e.g. Trainers for land activities)			
Rubber Soled Shoes for wet activities			
(e.g. Plimsolls/Old trainers that can get wet)			
Waterproof Coat/ Jacket/Anorak (suitable for			
the season)			
Waterproof Trousers			
Gloves (waterproof in the winter)			
Wellington Boots			
Hat (Visor for sun, woolly for cold weather)			
Spectacle safe head band			
Bin Liner for wet clothes			
Pocket sized named drinks bottle			

#### Please Note:

- During some of the activities your child's clothes may get wet and muddy, therefore they will need at least 1 full change of old clothes per day.
- It is better to send too much warm kit rather than not enough.
- Please avoid bringing electrical devices e.g., mobile phones, tablets – the Centre will not take any responsibility for these.
- Lost property is held for TWO WEEKS, before then being given to charity.