 Dinglewell Junior School

Dinglewell, Hucclecote

Gloucester, GL3 3HS

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Dear Parents/Carers,

**Barton Hall Activity Week 5th June to 9th June 2023**

To begin preparations for the visit to Barton Hall I enclose an up to date kit list. May I also draw your attention to the notes on the kit list and to some additional information for the activities week below:

**Staff Accompanying**

The staff accompanying the children are as follows:

Mrs S Powis (Group Leader)

Mr J Sullivan (Deputy Group Leader)

Mrs M Short

Mrs P Palmer

Mrs J Symons

Mrs R Gough

Mrs S Kamath

Ms S Lavis

**Travel**

Children should arrive at school between 8.00 and 8.15 am on Monday 5th June. They will need to check in luggage and medicines in the school hall. You will not need to provide a packed lunch as lunch will be provided on arrival.

The journey to Barton Hall will take approximately 3 hours, including a rest break and all parents will receive a text to confirm safe arrival around 12 Midday. Could your child please bring a drink and a snack in a rucksack. No fizzy drinks please. Your child will require their rucksack throughout the week and we request that you pack their swimming costume and towel in this bag so they can access it quickly upon arrival at Barton Hall.

We will be leaving Barton Hall on Friday 9th June at approximately 1.00pm and will be provided with a packed lunch by PGL for a lunch stop on the way back. We should arrive back at school for collection by parents at approximately 4.30pm. Parents will be contacted, if there is a delay.

**Pocket Money**

This year we will kindly ask that any pocket money to be brought should be safely sealed in a named envelope for adults to look after. Please find attached a gift shop price list so as you can decide beforehand what money will be spent on. We will then hand over the money to your child/children on our visit to the shop.

**Medicines**

Any medicines/travel sickness tablets etc should be handed to Mrs Symons or Mrs Palmer as soon as possible but must be before the departure date or the date of travel, clearly labelled with name, dosage, time of dosage and any other instructions. If you wish to discuss a medical matter more fully, please get in touch with myself, Mrs Symons or Mrs Palmer.

**Finally**

* Please make sure children bring old clothes for activities
* Please ensure all items are clearly marked with your child’s name, including their luggage
* Please be aware that children will be carrying their own luggage
* Please do not bring valuables
* Stud earrings only allowed – no other jewellery
* **No electronic devices are allowed including mobile phones**

No sharp or dangerous objects are allowed.

**Departure Meeting**

We will be holding a final meeting with the children to prepare them for the visit nearer to the departure date. If any parents or carers feel they would like further information please don’t hesitate to contact us.

Many thanks for your continued support.

Mrs S Powis

Group Leader

##### PGL KIT LIST

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Number of items** | **Packed at home** | **Packed at centre** |
| Example: Socks | *6 pairs* | ✓ | ✓ |
| Bedding |  |  |  |
| Sleeping bag, pillow and pillow case |  |  |  |
| Clothes |  |  |  |
| Night clothes |  |  |  |
| Underwear |  |  |  |
| Pairs of Socks (to cover ankles) |  |  |  |
| Trousers/leggings (it is important that students do not wear jeans whilst doing the activities for safety and comfort reasons) |  |  |  |
| Shorts |  |  |  |
| T-shirts |  |  |  |
| Long sleeved top for archery |  |  |  |
| Tracksuit |  |  |  |
| Jumper/sweatshirt/fleece |  |  |  |
| Waterproof jacket/anorak |  |  |  |
| Waterproof trousers or trousers that can get muddy |  |  |  |
| Swimwear |  |  |  |
| Towel for swimming |  |  |  |
| Hat/cap |  |  |  |
| Trainers or other substantial footwear |  |  |  |
| Old shoes (that can get wet and muddy) |  |  |  |
| Canvas or plastic shoes for watersports (old PE kit canvas shoes would be fine) |  |  |  |
| Sunglasses |  |  |  |
| **Toiletries** |  |  |  |
| Washbag |  |  |  |
| Toothbrush and toothpaste |  |  |  |
| Flannel/sponge and soap |  |  |  |
| Shower gel |  |  |  |
| Hair products i.e. shampoo/conditioner |  |  |  |
| Hair ties (for long hair) |  |  |  |
| Sun cream |  |  |  |
| Towels – one for your room and one for activities |  |  |  |
| **Other** |  |  |  |
| Rucksack |  |  |  |
| Drink bottle - labelled |  |  |  |
| Torch |  |  |  |
| 2 strong plastic bags (at least – one for laundry and one for muddy clothes) |  |  |  |

# TO DINGLEWELL JUNIOR SCHOOL OFFICE by Friday, 21st April 2023

**Name of Son/Daughter …………………………………..…. Class …………….. Home address ………………………**

**...…………………………………………………………………Date of birth …………………………...**

**Age on departure date (years) …….. Swimmer or non-swimmer? ………………………….…**

**Please write the number of metres your son/daughter can swim ………………………………..**

**Does your son/daughter have any medical conditions (including allergies and travel sickness)? If so, please give details below. Please include use of antihistamine. Please include use of inhalers:**

**….……………………………………………………………………………………………………………..**

**…….…………………………………………………………………………………………………………..**

**Does your son/daughter take any medication for the above? If so, please detail the medication below:**

**………….……………………………………………………………………………………………………..**

**…………….…………………………………………………………………………………………………..**

**If your son/daughter needs a paracetamol/calpol/similar for minor ailments, are we authorised**

**to administer this? (Yes/No) .......... Name of preferred medication** (e.g. Calpol) **......................**

**Home Doctor’s name and telephone no. ...……………………………………………………...……..**

**Is your son/daughter a vegetarian? (Yes/No) ....................................**

**Does your son/daughter have any other special dietary requirements? If so, please detail below:**

**………………………………………………………….……………………………………………………..**

**........................................................................................................................................................**

**Do you consent to any emergency treatment necessary, and authorise the school party leader or staff member(s) to sign any written form of consent required by the hospital authorities (e.g. for an operation, anaesthetic or injection), provided that the delay required to obtain your signature might be considered, in the opinion of the Doctor or Surgeon concerned, likely to endanger your son/daughter’s health or safety?**

**(Please answer ‘yes’ or ‘no’) ……… If ‘no’, please give further instructions ……………….**

**……………………………………………………………………………………………………….………..**

**Please provide your telephone contact number(s) between 5.6.23 and 9.6.23, indicating if there are different contact numbers for different days. Please could you also let us know if your number(s) change between now and departure.**

|  |  |
| --- | --- |
| **Name and signature of Parent(s)** |  |
| **Contact no(s) between 5.6.23 and 9.6.23. Please indicate if there are different numbers for different days.** |  |