

Ysgol Gatholig Santes Fair/St. Mary's Catholic School Longford Road Caergybi/Holyhead Ynys Mon LL65 1TR

Tel: (01407)763176 e.mail:pennaeth.stmarys@anglesey.gov.uk

Website:https://www.ysgolsantesfair.co.uk

Pennaeth/Headteacher: Mr Richard Jones

Dirprwy Bennaeth/Deputy Headteacher: Mrs Helen Speight

5<sup>th</sup> March 2019

# **Kingswood Trip 2019**

We are now only a few weeks away from our trip to Kingswood. Please see an attached pack with some important documents for your information (Some you may need to sign).

Please do not hesitate to contact me should you have any worries or concerns,

Thank you for your help and support,

Miss C. Ford Year 6 Class Teacher

# **KEY INFORMATION**

#### **EMERGENCY CONTACT DETAILS**

Should you need to contact us during the trip please use the following telephone numbers:

St Mary's School Office (8.30- 16.00):	Kingswood Centre (24 hours a day):	
01407 763176	01352 811000	

# **PACKING LIST**

Please check the packing list on the website (Under Blwyddyn 6 Gallery Item). If you have any questions or worries about any of the items needed please contact us as soon as possible.

*Please note:* activities will take place until 9pm, so please ensure your child has plenty of warm layers as the weather is still quite cold.

#### **MONEY**

Any money brought must be placed in an envelope clearly marked with your child's name. The envelope will be kept safely by Miss Ford.

#### **MEDICATION**

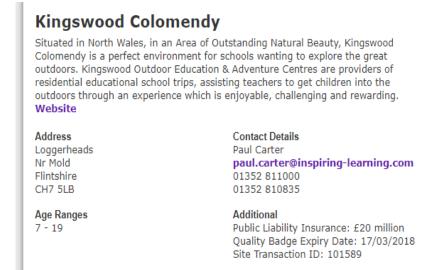
If your child is taking any medication, please clearly label it in a plastic bag with a signed note (including dosage needed). This includes travel sickness tablets.

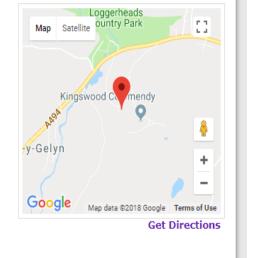
## **TIMES**

We will be leaving Holyhead at 8.45am Monday  $1^{st}$  April. Please ensure your child is in school by 8.20am at the latest. Breakfast Club children can still have their breakfast. We will return to school at 3.00pm on Wednesday  $3^{rd}$  April.

#### **LUNCH**

If your child is entitled to Free School Meals, they can have a packed lunch made for them on the Wednesday. Please let me know if this is something you require.





<b>Visit/activity:</b> Kingswood Colomendy Residential Centre (Flintshire) April 1 <sup>st</sup> - 3 <sup>rd</sup> 2019			
Your child's name		(Year 6)	
Medical and dietary a) Does your child have any ph If YES, please give details:		lition that may affect him/her during the YES/I	
b) Please give details of any all	ergies:		
c) Please detail any recent illne	ess or accident suffered by	y your child that staff should be aware of	?
d) Please list any type types of	non-prescription medicat	cion or lotions your child <b>may not</b> be give	n:
•	hing in the last four week	r been in contact with any contagious or s that may be contagious or infectious?	infectious YES/NO
f) When did your son/daughte	r last have a tetanus injec	tion (if ever)?	
YOUR CONTACT DETAILS			
Telephone: Home:	Work:	Mobile:	
Home address			
ALTERNATIVE EMERGENCY CO	ONTACT		
ame: Telephone:			
Address:			
FAMILY DOCTOR CONTACT			
Name:	Teleph	one:	
Address:			

### **Declaration**

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes
- I understand the extent and limitations of the insurance cover provided.

FULL NAME OF PARENT OR CARER (print p	NAME OF PARENT OR CARER (print please):		
SIGNED:	DATE:		
TO BE COMPLETED BY CHILD: I understand that for the safety of the grou of members of staff.	p and myself I will undertake to obey the rules and instructions		
SIGNED:	DATE:		