

Darnhall Primary School  
Sandyhill Road  
WINSFORD  
Cheshire  
CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.  
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.  
Assistant Headteacher: Natasha Mulholland B.A Hons

21st May 2019

Dear Parents and Carers,

### **Llandudno Residential Kit List**

Dear Parents and Carers,

We are all very much looking forward to taking the children to Llandudno. Please see final details below.

Children will need to arrive at the KS2 reception on Monday 24th June at 8:40am promptly, as we are departing at 9am. On day one we will be walking around the zoo which is extremely hilly. In addition we will be walking down to the beach in the evening. Children should wear suitable clothes such as jeans or jogging bottoms, t shirt, jumper and trainers.

All medication must be named and given to Miss Evans on Monday morning.

**ALL CHILDREN MUST HAVE A CAP OR HAT. THIS WILL BE CHECKED BEFORE DEPARTURE AS WE CAN NOT RISK HEAT STROKE.**

**In a small suitcase pack :**

- Coat (thin, waterproof coat)
- Change of clothes for day 2
- Underwear/socks
- Toiletries – including toothpaste and toothbrush
- **Suncream (all children must bring this)**
- **Hat (all children must bring this)**
- Towel
- Nightwear and slippers or indoor pumps
- Wellies or appropriate footwear to wear on the beach.



### **In a seperate small rucksack pack :**

- Packed lunch and drinks for day one (several drinks required incase of hot weather)
- Disposable camera
- Money in a purse or wallet (no more than £25)

### **Please note :**

- **No football kits to be worn**
- **No digital cameras, games consoles, or mobile phones allowed**
- **No more than £25 pocket money**
- **No spray deodorants**
- **No high heels, flip flops or strappy sandles**
- **No energy drinks**

We will arrive back at Darnhall at approximately 3:15pm on Tuesday 25th June, however, we will send a text message out with updates if we have any delays, therefore, please ensure we have a mobile contact number for you in the school office.

Please also complete the attached Form C and return it to school by Friday 14th June.

Kind regards,

Mrs N Mulholland & Mr H Baxendale  
Year 6 Teachers



FORM 'C'  
PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child ..... Class .....

Details of visit to: Llandudno  
Date of visit: 24<sup>th</sup> & 25<sup>th</sup> June 2019  
Leaving School at: 9am  
Arriving back at school at: 3pm

I agree to my child taking part in this visit

I have read the information sheet I agree to ..... 's  
participating in the activities described.  
I acknowledge the need for ..... to behave  
responsibly throughout the visit.

Medical information about your child

- a) Any conditions requiring medical treatment, including medication?  
YES/NO If YES, please give brief details:  
.....
- b) Please outline any food or other allergies and special dietary requirements of  
your child:  
.....
- c) Any recent illness or accident staff should be aware of?  
.....
- d) When did your son/daughter last have a tetanus injection:  
.....

Declaration: I agree to my son/daughter receiving medication as instructed and 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 limitations of the insurance cover provided.

Emergency contact telephone number for the day of the visit:

Name of Contact: .....

Work: ..... Home .....

Signed..... Date.....

Full Name [capitals] .....



**DARNHALL PRIMARY SCHOOL**  
**REQUEST FOR THE SCHOOL TO GIVE MEDICATION**

Dear Headteacher,

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Date of Birth..... Class .....

Medical condition or illness .....

Name/type of Medicine .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Other instructions .....

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed .....Print Name .....  
(Parent/Guardian)

Daytime telephone number .....

Address .....

**Note to parents:**

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.



