

BIDSTON AVENUE PRIMARY SCHOOL

'Achieving Together'

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HEADTEACHER: Mr. S.G. Brady B.Ed. (Hons), NPQH, FCCT

Tuesday 10th September 2024

Dear Parent/Carer

Year 2 Residential Trip to Barnstondale

A wonderful opportunity has arisen for us to take all of the Year 2 pupils on a one night residential to Barnstondale on Thursday 27th February 2025. Children will leave school around 10.00am and return at 3.00pm on Friday 28th February 2025.

This opportunity is unique for children at this age and we would like all Year 2 pupils to have this exciting experience. Children will stay in a log cabin and Mrs Birch, Mr Montgomery, Miss Devlin and other experienced Bidston Avenue staff will be with the children at all times. The total cost of the 1 night stay is £85.00 (If your child is on Free School Meals the cost will be £50.00) and includes:

- Duvet with cover and pillow and pillowcase.
- Evening meal on Thursday 27th February 2025
- Overnight stay
- Breakfast and lunch on Friday 28th February 2025
- All the Barnstondale specialist activities, such as the adventure playground, climbing wall and abseiling, sensory trail, woods, campfire and team building.

The children will be taken to and from Barnstondale by coach, paid for from school funds.

If you would like your child to attend a deposit of £10.00 is required by Monday 16th September 2024. **All payments (including the deposit) for this trip should be through ParentPay. No monies will be taken at the school reception. Deposits are non-refundable.**

Please sign and return the consent form by **Monday 16th September 2024**

Yours sincerely

S.G. Brady
Headteacher

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**Year 2 Residential Trip to Barnstondale:
Thursday 27th February 2025 to Friday 28th February 2025**

Please return to your child's Year 1 teacher

I agree to my child taking part in the Year 2 Residential to Barnstondale.

I have paid the £10 deposit on ParentPay.

Signed (Parent/Carer)

Contact No.

Date

UNDER 18 - PARENTAL/GUARDIAN CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS, INVOLVING OVERNIGHT STAYS AND/OR ADVENTUROUS ACTIVITIES

N.B. ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN

School/Organisation: _____

1. Details of Journey

Journey/visit to: _____

From: _____ Date/Time: _____ To: _____ Date/Time

I agree to my son/daughter/ward

Full Name: _____ Address: _____

_____ taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical Information

a) Does your son/daughter/ward have any medical conditions? YES/NO

If YES, please give full details:

b) Is your son/daughter/ward taking any medicine? YES/NO

If YES, please give full details:

c) To the best of your knowledge, has your daughter/ward been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO

d) Is your son/daughter/ward allergic to any medication, insect bites, food etc? YES/NO

If YES to **c)** or **d)** please give details: _____

f) Has your son/daughter/ward received a tetanus injection in the last 3 years? YES/NO

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g) Has your son/daughter/ward any special dietary requirements? YES/NO

If YES, please give details:

3. **Swimming**

Is your son/daughter/ward able to swim?

YES/NO

If YES, comment upon your child's swimming ability.

4. **Emergency Contacts (including family doctor)**

I may be contacted by telephoning the following numbers

Work: _____ Home: _____

My home address is: _____

If not available at the above, please contact:

Name: _____ Tel. No: _____

Address: _____

Name of family doctor: _____ Tel. No: _____

5. **Declaration**

I understand that the teacher/youth worker in charge of the group will be acting in 'duty of care' and in the event of an accident I agree to my son/daughter/ward receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my son/daughter/ward between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided and that Wirral Council is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Parent/Guardian Signature: _____

Date: _____

This form, or a copy, must be taken by the leader on the activity. A copy should be retained by the contact teacher/youth worker at the school/youth club.