

Dear Parents/Carers,

Residential 2025/26

Firstly, I would like to thank parents/Carers for paying the deposits for our Year 6 Residential in June 2025. To confirm, the dates are 23<sup>rd</sup> – 25<sup>th</sup> March. Pop that in your diary!

They will be going to Grittleton House in Chippenham, which was a firm favourite of last year's year 6's.

An example of the range of activities that are available from the provider are:

- Aerial Adventure (Crate stacking, Jacob's ladder)
- Physical Challenge (Aeroball, Body Zorbs, The cube)
- Team Building and Problem Solving (Escape the room, Low ropes, Buggy building)
- Developing skills (Karting, Archery)
- Survival Camp: (Bushcraft, Den Building, Fire lighting)
- Evening activities: (Night Hike, Campfire, Disco)

The residential is available to pay on Arbor (preferred method) or cash to the school office. The total sum of the residential is £190.00. FULL payment is required by the 27<sup>th</sup> February.

Please could you complete the consent form below and additional forms attached (where applicable) and return to the school office/teacher.

Yours Sincerely

*Louise Scrivens*

Mrs Scrivens

Head Teacher

**RESIDENTIAL CONSENT FORMS**

NAME OF CHILD.....

**PHOTO CONSENT**

SCHOOL: I do / do not consent to my child being photographed/videoed for school social media purposes.

GRITTLETON HOUSE: I do / do not consent to my child being photographed/videoed by Grittleton House which can be used for marketing, web content, illustration, publicity purposes.

Anyone can download an image or video from the Internet or make copies of printed materials. By consenting, Parents/Guardians agree that the Company and its assigns and transferees are not responsible for unauthorised use of the images and videos, and they are also not entitled to any compensation from anyone or any organisation. In addition, Parents/Guardians waive the right to inspect or approve the finished product including written or electronic copy.

I have read and understand the above

Parent/Carer name.....Signed.....

**MEDICAL/MEDICATION CONSENT**

I do / do not consent to my child being administered Calpol

I do / do not consent to my child being administered Nurofen

I do / do not consent to my child being administered Antihistamine

My child does / does not take regular prescribed medication. All medication is to be put in a named clear zipped bag e.g. a sandwich bag.

If yes, please state the name of the medication, dose, and time to be administered

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*Please turn page to continue*



My child does / does not have allergies or dietary requirements.

If yes, please provide more information

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Parent/Carer name.....

Signed.....

