Perry Hall Primary School Colman Avenue Wednesfield Wolverhampton WV11 3RT

Tel: 01902 921159 Fax: 01902 558543



Head of School Mrs C Gibbins

Executive Headteacher Miss R Kohli

Chief Executive Officer Mrs A Cheema OBE

Wednesday 4<sup>th</sup> January 2023

Dear parents / carers

Following the residential parents meeting regarding your child's upcoming visit to Kingswood, please find attached the required medical and consent form to be completed and returned to school by **Wednesday 11<sup>th</sup> January 2023**.

Children will be attending Kingswood on Monday 13<sup>th</sup> February to Wednesday 15<sup>th</sup> February 2023.

Please visit <u>https://www.kingswood.co.uk/locations/staffordshire</u> for a taster of the adventures which our children have during the visit.

Thank you for your continuing support.

Yours sincerely,

Mrs C Gibbins Head of School















Perry Hall Primary School

Colman Avenue Wednesfield Wolverhampton WV11 3RT

Tel: 01902 921159 Fax: 01902 558543 Email: perryhallprimaryschool@wolverhampton.gov.uk Web: www.perryhall.co.uk

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<u>Kit list</u>

Here is a list of things you will need to pack, along with a few things that aren't essential but could be useful.

Things you'll need:

Toiletries

Clothing and underwear for each day (warm clothing with long sleeves and long legs)

Spare outfit

Pyjamas/slippers

Waterproof clothing (jacket, trousers)

Wellingtons Shoes (indoor use) Large plastic bag for dirty clothes Bath towel Gloves, hat, and scarf

A named water bottle

<u>Things that may be useful:</u> Torch Money for tuck shop (£5 max) Book Teddy

















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## Residential - visit Consent

AT HALL PRIMARY

A Place to Grow

SCHOOL

PLEASE READ AND SIGN THIS FORM, WHICH GIVES CONSENT FOR YOUR CHILD TO PARTICIPATE IN ALL ACTIVITIES PLANNED THROUGHOUT THE RESIDENTIAL AT KINGSWOOD

SCHOOL: PERRY HALL PRIMARY SCHOOL	DATE OF VISIT: 13-15/2/23
CHILDS NAME:	DOB:

MEDICAL OR ADDITIONAL	INFORMATION	EMERGENCY CONTACT NUMBER
NEEDS		
PLEASE LET US KNOW IF YOUR		
CHILD HAS A MEDICAL		
CONDITION OR ALLERGY		

I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT IF REQUIRED	SIGNED:
I GIVE PERMISSION FOR MY CHILD TO TRAVEL BY BUS/MINI BUS OR	SIGNED:
APPROPRIATELY INSURED CAR	

DIETARY NEEDS		тіск
PLEASE LET US KNOW IF YOUR CHILD HAS A SPECIFIC DIETARY NEED	NONE	
	VEGETARIAN	
	VEGAN	
	COELIAC	
	NO BEEF	
	NO PORK	
OTHER - PLEASE STATE		· · · · ·

Please enable us to record, celebrate and display the activities that your children are involved in through a variety of visual and auditory methods. Thank you for your support.

I GIVE CONSENT FOR:	PHOTOGRAPHS/AUDIO/VIDEO/ TO BE TAKEN	SIGNED:
I GIVE CONSENT FOR:	IMAGES TO BE USED ON KINGSWOOD SOCIAL MEDIA OR WEBSITE	SIGNED:
I GIVE CONSENT FOR:	USE IN NEWSPAPER/TV/RADIO	SIGNED:











