



Headteacher: Mrs C Fulstow  
Elloughton Primary School  
Stockbridge Road  
Elloughton  
Brough  
East Riding of Yorkshire  
HU15 1HN

15<sup>th</sup> September 2023

Dear Parents/Carers,

**YEAR 6 RESIDENTIAL VISIT TO EAST BARNBY OUTDOOR ACTIVITY CENTRE**  
**Monday 6<sup>th</sup> – Friday 10<sup>th</sup> November 2023**

Final preparations for our trip to East Barnby are now underway and all the children and staff are really looking forward to their visit.

We have now chosen the main activities for the visit and full details of the itinerary will follow. The children will be going on an adventure walk and climb, along with cycling, beck scrambling, canoeing, orienteering and exploring at the seashore. These will be led by fully qualified outdoor instructors and all the necessary safety equipment will be provided. More details of each activity will be given at our virtual parents meeting on **Tuesday 26<sup>th</sup> September at 5:00p.m.** you can access this meeting using the following link <https://meet.google.com/iyh-mxwo-iuk?hs=122&authuser=0>

We are intending to leave school just after 8:00a.m on 7<sup>th</sup> November to maximise our time at East Barnby. A kit list of essential items to pack is enclosed and it is important that your child comes fully prepared. Your child's bag/suitcase and all other items will need to be clearly named. Children are **not** allowed to bring electronic devices (mobile phones/hairdryers/straighteners/games/tablets), sweets or fizzy drinks. Cameras will not be required as all photographs of your child will be taken by the group leaders.

Any medication, other than inhalers, will need to be given to the group leader on the morning of departure. This must be clearly labelled with your child's name, instructions for administering and a letter giving permission for it to be given. Remember to include sufficient travel sickness pills for the outward and return journey. Children suffering from asthma must carry their inhaler with them at all times.

It is a requirement of the school and East Barnby Activity Centre that all enclosed forms are completed prior to the visit so please do so and return them to school by **Friday 22<sup>nd</sup> September 2023.**

- Declaration Form
- Specific Visit Consent Form
- Offsite Visit – Personal and Medical Information & Consent Form
- Lunch request form

The safety of our children is of paramount importance and we therefore expect the highest standards of responsible behaviour to ensure everyone has an enjoyable visit. Our expectations have been made very clear to the children and we know we can rely on your support in this matter. Hopefully it will not be necessary to contact any parent regarding concerns about behaviour whilst on the visit.

There is no need for parents to take out any additional insurance as the children are covered under the school's voyager's insurance policy.

Telephone: (01482) 666231 Fax: (01482) 666642 Email: [admin@epsch.co.uk](mailto:admin@epsch.co.uk)  
Website: [www.elloughtonprimaryschool.co.uk](http://www.elloughtonprimaryschool.co.uk)



Also included with this letter is the East Barnby Tuck Shop price list. Details of Tuck Shop spending money and souvenirs will be shared at the parents' meeting. Please note that only one sweet/chocolate item may be purchased as well as a souvenir of choice. Please provide the exact money for the items your child would like, in a named envelope with the required items also clearly marked on the envelope. This should be handed to your child's group leader on arrival at school on the day of departure.

We look forward to going through all the details of the trip at our meeting later this term. However, in the meantime do not hesitate to contact us if you have any further queries regarding the visit. It promises to be a fantastic visit and I'm sure all the children and staff will have a wonderful time.

Yours sincerely,



Carole Fulstow  
Headteacher



Yasmin Johnston  
UKS2 Phase Lead



Lisa Garnett  
Year 6 Class Teacher



Headteacher: Mrs C Fulstow  
Elloughton Primary School  
Stockbridge Road  
Elloughton  
Brough  
East Riding of Yorkshire  
HU15 1HN

## DECLARATION Form – EAST BARNBY 6<sup>TH</sup> – 10<sup>TH</sup> NOVEMBER 2023

I agree to my child ..... (full name) taking part in the above visit and agree to his/her participation in any or all of the activities. I agree to impress upon him/her the necessity to behave responsibly and to help the leaders to ensure the safety of everyone on the visit.

I am aware that the school has a detailed policy on the safe running of Educational Visits which are well organised, with particular attention to health and safety. I understand that there can be no absolute guarantee of safety, but appreciate that the school leaders on the visit retain the same legal responsibility for pupils that they have in school and will do everything that is reasonably practical to ensure the safety of everyone on the visit.

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I undertake to inform the Headteacher, as soon as possible, of any change in medical circumstances/contact details between the date I signed the personal information form and commencement of the visit.

I **do/do not** give permission for my child to have their photograph taken. (**\*Please delete as appropriate**)

My child **\*can/cannot** ride a bike safely. (**\*Please delete as appropriate**)

Parents Signature .....

Please print .....

Child's Name .....

Class teacher .....

Telephone: (01482) 666231 Email: [admin@epsch.co.uk](mailto:admin@epsch.co.uk)  
Website: [www.elloughtonprimaryschool.co.uk](http://www.elloughtonprimaryschool.co.uk)





## Specific Visit Consent Form (C2) and Emergency Contact details

Please complete and sign the form below. Your contact details are needed in case of emergency. Data will be stored securely, and shared only with relevant personnel and managers who need to ensure that adequate arrangements are made for the visit. The data is normally destroyed after each visit.

### 1. DETAILS OF CHILD AND VISIT

Name of Child:

Date of Birth:

Visit to:

Date(s)/Times: From:

To:

### 2. EMERGENCY CONTACT NUMBERS

I may be contacted on the following telephone numbers:

Name:

Relationship to child:

Work:

Home:

Mobile:

Home Address:

If I am not available, please contact:

Name:

Relationship to child:

Work:

Home:

Mobile:

Home Address:

### 3. PROGRAMME ACTIVITIES

Are there any particular activities on the visit that you do not wish your child to participate in? (please circle answer)

Yes

No

If yes, please give details below:

### 4. WATER ACTIVITIES (if applicable)

Are you willing for your son/daughter to participate in water sports?

N.B. Most water sports can still be suitable and safe for non-swimmers.

Yes

No

Swimming ability in swimming pool conditions

(please tick level of ability)

Non-swimmer

25 metres +

Is your child generally confident in water? (please circle answer)

Yes

No

### 5. PARENTAL/GUARDIAN CONSENT

I have read the information about the above-mentioned visit.

I agree to my son/daughter (named above) taking part in the visit.

I agree to his/her participation in all of the activities, unless otherwise stated above.

I acknowledge the need for obedience and responsible behavior on his/her part, and accept that any serious misbehavior that could put others at risk may result in him/her being withdrawn or returned from the visit.

I understand and accept that there is some level of risk in every activity, but that all reasonable measures will be taken to minimize the risks involved.

I understand and accept the extent and limitations of the insurance cover provided.

Signed:

Name:

Date:

Relationship: Parent/Carer/Guardian (delete)

Signed:

Name:

Date:

Relationship: Parent/Carer/Guardian (delete)

## Offsite Visits – Personal and Medical Information and Consent Form (C3)

### INFORMATION FOR PARENTS/GUARDIANS/CARERS

Please complete the questions below and sign the consent. The personal and medical information requested is vital to ensure that appropriate care and support is available for each child. Visit leaders must be made aware of anything that might affect the safety/welfare of your child or others in the group. Please consult your GP if you are unsure about the suitability of an offsite visit or activity.

| PERSONAL DETAILS             |  |                                   |  |
|------------------------------|--|-----------------------------------|--|
| CHILD INFORMATION            |  | PARENT/GUARDIAN/CARER INFORMATION |  |
| Surname                      |  | Surname                           |  |
| First Name                   |  | First Name                        |  |
| Date of Birth                |  | Relationship to child             |  |
| Address                      |  | Address                           |  |
| Postcode                     |  | Postcode                          |  |
|                              |  | Work telephone                    |  |
| Doctor                       |  | Home telephone                    |  |
| Surgery Address              |  | Mobile telephone                  |  |
| ADDITIONAL EMERGENCY CONTACT |  |                                   |  |
|                              |  | Surname                           |  |
| Telephone No                 |  | First Name                        |  |
|                              |  | Relationship to child             |  |
|                              |  | Address                           |  |
|                              |  |                                   |  |
|                              |  |                                   |  |
|                              |  | Postcode                          |  |
|                              |  | Work telephone                    |  |
|                              |  | Home telephone                    |  |
|                              |  | Mobile telephone                  |  |

### DIETARY INFORMATION

If this child has any specific dietary needs (e.g. vegetarian), please give details here:

### MEDICAL or SPECIAL NEEDS

Please provide all relevant information which will enable Leaders to safely care for this child (please circle answers):

|  |     |    |
|--|-----|----|
| Does this child have any significant allergies (including to medication)?  | Yes | No |
| Does this child have any medical conditions, impairments, or disabilities?   | Yes | No |
| Has this child had any recent significant illnesses or injuries?   | Yes | No |
| If a residential visit, does this child have any night-time tendencies (e.g. sleepwalking, nightmares, bed-wetting) which might cause concern? | Yes | No |

If the answer is "yes" to any of these questions, please give full details below (use an additional sheet if necessary):

| <b>PERSONAL MEDICATION</b>  |               |  |   |            |           |
|---|---------------|--|---|------------|-----------|
| It is important that this child is accompanied by any medication necessary, and that leaders are fully informed. Please make sure that there is sufficient medication, and that it is clearly labelled.   |               |  |   |            |           |
| <b>Name of Medication</b>   | <b>Dosage</b> | <b>Time and Frequency or circumstances to be given</b> | <b>Method of Administration</b>   |            |           |
|   |               |  |   |            |           |
| Please state any special precautions, side effects of medication (if applicable):   |               |  |   |            |           |
| <p><b>I give my consent**</b> for a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.</p> <p><b>I give my consent**</b> for this child to self-administer the above medication.</p> <p><b>(**delete if not applicable)</b></p> |               |  |   |            |           |
| To the best of your knowledge, has this child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? (please circle answer)  |               |  | <table border="1"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> </table> | <b>Yes</b> | <b>No</b> |
| <b>Yes</b>  | <b>No</b>     |  |   |            |           |
| If YES, please give brief details:  |               |  |   |            |           |
| Does this child have up to date protection against tetanus (normally an injection within the past 10 years)?  |               |  | <table border="1"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> </table> | <b>Yes</b> | <b>No</b> |
| <b>Yes</b>  | <b>No</b>     |  |   |            |           |

| <b>MINOR MEDICAL TREATMENT DURING VISITS</b>  |            |           |
|---|------------|-----------|
| <p>Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs &amp; colds, insect bites, etc. If necessary, with your permission, staff will treat these ailments with the following "off the shelf" products which are commonly available from most chemists: Paracetamol, throat lozenges, cough mixture, antiseptic cream, calamine lotion, antiseptic wipes, hypoallergenic adhesive plasters, witch hazel, insect bite antihistamine, sunscreen.</p> <p>Please state clearly below if you do not wish this child to be given any of the products mentioned above (or if other alternatives are acceptable or preferred instead):</p> |            |           |
| Are you willing for this child to be given these products, if required? (circle answer)   | <b>Yes</b> | <b>No</b> |

| <b>EMERGENCY MEDICAL TREATMENT DURING VISITS</b>  |            |           |
|---|------------|-----------|
| Do you <b>agree</b> to this child receiving emergency medical or dental treatment if it is considered necessary by the medical authorities present, and if it has not been possible to contact you beforehand? In such extreme and unlikely circumstances, the Overall Group Leader would be authorized on your behalf to give consent to any emergency treatment. (please circle answer) | <b>Yes</b> | <b>No</b> |
| If this is not acceptable, please state clearly your preferred alternative:   |            |           |

| <b>PARENT/CARER/GUARDIAN DECLARATIONS and CONSENT</b>  |  |
|--|--|
| <ul style="list-style-type: none"> <li><b>I am legally responsible for the care of the child mentioned above.</b></li> <li><b>I have listed all relevant medical or other conditions</b> concerning this child that might affect the duty of care expected during an offsite visit.</li> <li><b>I undertake</b> to inform the Visit Organiser (in writing) of any significant changes in the medical or other circumstances of this child before the date of departure.</li> </ul> |  |
| Signed:  | Name:  |
| Date:  | Relationship: Parent/Carer/Guardian (delete) |
| Signed:  | Name:  |
| Date:  | Relationship: Parent/Carer/Guardian (delete) |

**East Barnby lunch request form**

Please tick which sandwich option your child would like for each day:

Name of child: .....

|        | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Cheese |        |         |           |          |        |
| Ham    |        |         |           |          |        |
| Egg    |        |         |           |          |        |
| Tuna   |        |         |           |          |        |

## East Barnby 2023 Kit List

Note from East Barnby: Our courses involve a lot of time outdoors, whatever the weather, and there is a likelihood of clothes getting wet and/or muddy. Hard-wearing, warm clothes are required. The following should be regarded as a minimum for 5 day courses:

| Clothing   | ✓ | Other  | ✓ |
|--|---|--|---|
| 4-5 pairs of thick socks   |   | 1-2 towels (small and quick drying)          |   |
| 4-5 pairs of thin socks  |   | Toiletries (no aerosols)                     |   |
| Several changes of underwear   |   | Toothbrush and toothpaste                    |   |
| 3-4 long sleeved t-shirts  |   | Lypsyl or lip salve                          |   |
| 3-4 t-shirts/thermal tops/'skins'                                    |   | Medication                                   |   |
| 3-4 fleeces/jumpers (not hoodies)                                    |   | Tuck Shop money                              |   |
| 3-4 pairs of trousers/tracksuit bottoms/leggings/'skins' (not jeans) |   | Playing cards/paper and pencils/reading book |   |
| 1 pair of old trainers   |   | Cuddly toy                                   |   |
| 1 pair of walking boots/walking shoes                                |   | Headtorch & spare batteries                  |   |
| Pyjamas (no onesies)   |   | Refillable water bottle (1 litre)            |   |
| Gloves (not mittens)   |   | Flask/thermos                                |   |
| Hat (not a bobble hat)   |   | Rucksack/daysack                             |   |
| 'Buff'/scarf   |   | 2-3 Large bin liners                         |   |
| Waterproof coat  |   |  |   |
| Wellington boots (optional)  |   |  |   |
| Flip flops/sliders (optional)  |   |  |   |

Other things to note:

All specialist outdoor equipment will be provided by East Barnby, including waterproofs, helmets and wellies. Please ensure that all clothing and possessions are named (including medication such as inhalers): remember you may be in a dormitory with 12 or more people. East Barnby cannot accept responsibility for any valuables, they do not have a safe for student valuables and centre staff are not allowed to look after them.

The course is an opportunity to experience a simpler life and experience time away from the online world and consumer society – please do not bring mobile phones, iPods, iPads, games consoles, MP3 players, etc. – talk to each other, listen to the sound of the wind in the trees, bird calls and mountain streams.

Please note that aerosol deodorants are not allowed at East Barnby as they set the smoke alarms off! Please bring a suitable alternative.