



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

29<sup>th</sup> February 2024

Dear Parents/Carers,

**YEAR 5 RESIDENTIAL VISIT TO THE BUSHCRAFT COMPANY**  
**Wednesday 5<sup>th</sup> – Friday 7<sup>th</sup> June 2024**

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

The activities we expect to take part in include fire lighting, camouflage and concealment, shelter building, wilderness first aid, scenario SOS, cutting tools, foraging and bushtucker trial and trap making but full details of the itinerary will follow. There is a virtual parents' meeting on **Tuesday 23<sup>rd</sup> April at 5:00pm** to confirm details of the visit. You can access this meeting using the following link <https://meet.google.com/gnn-sxhx-wfh?hs=122&authuser=0>

We are intending to leave school at 8:30a.m on 5<sup>th</sup> June to maximise our time at the venue. 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/hairedryers/straighteners/games/tablets), food, sweets or fizzy drinks. Cameras will not be required as all photographs of your child will be taken by the school staff.

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 administer any travel sickness medication on the morning of departure and include sufficient medication for the return journey. Children suffering from asthma must carry their inhaler with them at all times.

It is a requirement of the school and The Bushcraft Company that all enclosed forms are completed prior to the visit so please do so and return them to school by **Monday 11<sup>th</sup> March 2024**.

- Declaration Form
- Specific Visit Consent Form (section 4 is not applicable for this visit and should be left blank)
- Offsite Visit – Personal and Medical Information & Consent Form
- Dietary Requirements, Allergies and Medical Conditions Form

Children will be sleeping in single-gender bell tents in enclosed woodland, on a secure site. 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. The Bushcraft Company have their own risk assessments which have been reviewed by school staff. A risk assessment for the Bushcraft activities has also been completed.

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)



We look forward to going through all the details of the trip at our meeting in the Summer 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,



Mrs Fulstow



Miss Johnston



Mrs Mattocks



Mrs Stillings



Mrs Colley

Headteacher

UKS2 Phase Lead

Y5 Class Teacher

Y5 Class Teacher

Y5 Class Teacher

## The Bushcraft Company - Year 5 Residential 2024 Kit List

Note from The Bushcraft Company: Below you can find our recommended kit list. We do stress that it is not necessary to go out and buy all new and expensive kit to come on our trips. As long as you have a sleeping bag and roll mat, torch, appropriate footwear and some warm clothes you will be fine, but just to be sure we have outlined the key items of kit below:

Clothing	✓	Other	✓
2 tracksuit/hard-wearing trousers (no jeans/denim)		Large rucksack (or alternative bag/suitcase)	
2-3 t-shirts		Small rucksack/daysack	
2 warm jumpers/fleeces (not hoodies)		Warm sleeping bag (season 3)	
Waterproof jacket		Roll mat	
Waterproof trousers		Pillow	
2-3 pairs of warm socks		Medication	
Several changes of underwear		Cuddly toy	
2 pairs of footwear ( e.g. walking boots or old trainers and wellies)		Headtorch & spare batteries	
Pyjamas (no onesies)		Refillable water bottle (1 litre)	
Sun hat		1-2 Large bin liners	
Gloves (not mittens)		Optional	✓
Warm hat		Deodorant (no aerosols)	
'Buff'/scarf		Lypsyl or lip salve	
Toiletries	✓	Insect repellent	
Wash bag		Alcohol hand gel	
Face wipes		Sleeping bag liner	
Toothbrush and toothpaste			
Suncream			

Other things to note:

Please ensure that all clothing and possessions are named (including medication such as inhalers): remember you will be in a bell tent with 10 people.

The visit is an opportunity to experience a simpler life and experience time away from the online world and technology – please do not bring any electronic devices, including mobile phones.

Please do not bring any sweets or snacks onto camp.





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

## DECLARATION FORM – BUSHCRAFT RESIDENTIAL 5<sup>TH</sup> – 7<sup>TH</sup> JUNE 2024

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 understand my child will be sleeping in a tent and taking part in bushcraft activities.

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 \*give/do not give permission for my child to have their photograph taken. (\*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	
		<b>ADDITIONAL EMERGENCY CONTACT</b>	
		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):

**PERSONAL MEDICATION**

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.

Name of Medication	Dosage	Time and Frequency or circumstances to be given	Method of Administration

Please state any special precautions, side effects of medication (if applicable):

**I give my consent\*\*** 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.

**I give my consent\*\*** for this child to self-administer the above medication.

(\*\*delete if not applicable)

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)	<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)?	<b>Yes</b>	<b>No</b>
--	------------	-----------

**MINOR MEDICAL TREATMENT DURING VISITS**

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs & 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, suncream.

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):

Are you willing for this child to be given these products, if required? (circle answer)	<b>Yes</b>	<b>No</b>
---	------------	-----------

**EMERGENCY MEDICAL TREATMENT DURING VISITS**

Do you **agree** 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)

**Yes** **No**

If this is not acceptable, please state clearly your preferred alternative:

**PARENT/CARER/GUARDIAN DECLARATIONS and CONSENT**

- **I am legally responsible for the care of the child mentioned above.**
- **I have listed all relevant medical or other conditions** concerning this child that might affect the duty of care expected during an offsite visit.
- **I undertake** 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.

Signed:	Name:
Date:	Relationship: Parent/Carer/Guardian (delete)

Signed:	Name:
Date:	Relationship: Parent/Carer/Guardian (delete)



## Dietary Requirements, Allergies and Medical Conditions

Name of child: .....

My child **\*has/does not have** a dietary requirement, allergy or medical condition (**\*please delete as appropriate**).

If your child has a dietary requirement, allergy or medical condition please complete the relevant section(s) below.

### Dietary Allergens

Please tick all that apply and provide further details if necessary.

- |                                      |                                   |   |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Celery      | <input type="checkbox"/> Lupin    | <input type="checkbox"/> Peanuts                      |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Milk     | <input type="checkbox"/> Sesame                       |
| <input type="checkbox"/> Egg         | <input type="checkbox"/> Molluscs | <input type="checkbox"/> Soybean                      |
| <input type="checkbox"/> Fish        | <input type="checkbox"/> Mustard  | <input type="checkbox"/> Sulphur                      |
| <input type="checkbox"/> Gluten      | <input type="checkbox"/> Nuts     | <input type="checkbox"/> Other (please specify below) |

.....

.....

.....

.....

### Dietary Requirements

Please tick all that apply and provide further details if necessary.

- |                                 |                                     |   |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Halal  | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Pescatarian                  |
| <input type="checkbox"/> Kosher | <input type="checkbox"/> Vegan      | <input type="checkbox"/> Other (please specify below) |

.....

.....

.....

.....

### Medical Conditions and Allergies

Please tick all that apply and provide further details if necessary.

- |  |  |
|--|--|
| <input type="checkbox"/> Anaphylaxis (please detail below) | <input type="checkbox"/> Epilepsy  |
| <input type="checkbox"/> Asthma                            | <input type="checkbox"/> Complex Medical Condition (please detail below) |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Other (please specify below)                    |

.....

.....

.....

.....

Parent signature: .....

Please print: .....

Date: .....