

SECAT

THORPEDENE PRIMARY SCHOOL & NURSERY

📍 Delaware Road, Shoeburyness, Essex, SS3 9NP 📞 01702 582 225
🌐 www.thorpedene.secat.co.uk ✉ office@thorpedene.secat.co.uk
Headteacher: Mr Travis Martinson

24th April 2024

Dear Parents/Carers

Re: Year 5 Residential Trip

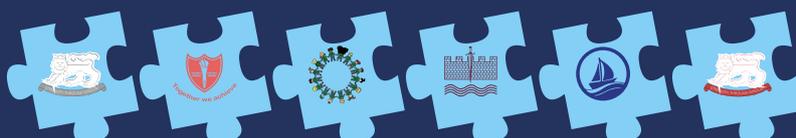
I write to provide further details of the Year 5 residential trip to Danbury on Thursday 9th May to Friday 10th May. Please ensure your child arrives at school by 8.00am on Thursday 9th May, as we need to register and pack the coach. The children should arrive back at school around 3.00pm on Friday 10th May (traffic dependent).

If your child has any medical conditions/dietary requirements which the school should be aware of, please provide details on the attached form. Please also provide your updated contact details should we need to contact you during the trip.

Below is a kit list of items required:

- Waterproof jacket and trousers
- Hike boots and/or Wellington boots
- Sleeping bag
- Roll mat
- Pillow
- Torch
- Wash kit
- Towel
- Night clothes
- Warm jumper/fleece
- Hat
- Sun cream
- Sunglasses
- Insect repellent
- 2 complete changes of clothes

BUILDING STRONG SCHOOLS • BUILDING STRONG PARTNERSHIPS • BUILDING STRONG COMMUNITIES



- Wet shoes or old trainers
- All packed in a holdall or rucksack

Please arrive at school wearing suitable outdoor clothes and trainers for taking part in activities; remembering you may get muddy and/or wet! Please send your child to school with a packed lunch for Thursday 9th May - if your child is in receipt of free school meals this will be provided by the school.

The children are all looking forward to a fun filled 2 days!

Yours sincerely,

Mrs J Jackson-Mayo
Interim Deputy Headteacher

Contact Details

Name of Child: Date of Birth:

Contact No 1: Tel No:

(Relationship to child)

Contact No 2: Tel No:

(Relationship to child)

Medical Practice:

Tel No:

Medical Conditions

Medical Conditions:

.....
.....
.....

Details of medication prescribed and dosage:

.....
.....
.....

I am happy for my child to be given/use:

Calpol Piriton
Nurofen Insect bite cream

Dietary requirements (e.g. vegetarian, vegan, food allergies)

.....
.....

consent to my child taking part in all the planned activities. I agree to authorise members of staff during the course of the visit to approve such medical treatment for my child, as is deemed necessary in an emergency, on the advice of a qualified medical practitioner.

Signed:

Dated: