

A large, multi-story stone building with a green lawn and a cloudy sky in the background. The building has a prominent gable and a bay window. The text is overlaid on the image.

# **Castleton Residential**

**Wednesday 27<sup>th</sup> February – Friday 1st  
March 2019**

# Before the trip:

Parental consent form. January (can be updated closer to departure if needed).

**PARENTAL CONSENT FOR AN OFF-SITE VISIT**

Establishment: Cloudside Junior School

Name of Child/Young Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Visit to: Castleton

From: 08/2018 Date/Time: 10 am To: 10/08/2018 Date/Time: 3.15 pm

I agree to \_\_\_\_\_ (name) taking part in this visit and have read the information sheet. I agree to \_\_\_\_\_'s participation in the activities described.

I acknowledge the need for them to behave responsibly.

I confirm my child is in good health and I consider him/her fit to participate YES/NO

**2. Medical information about your child**

(a) Any conditions requiring medical treatment, including medication? Yes  No

Please give brief details of the condition below:  
If your child requires medication, including travel sickness tablets, a medical consent form must also be completed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Please outline any special dietary requirements of your child and the types of pain/flu relief medication your child may be given if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For residential visits and exchanges only**

(c) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? Yes  No

If YES, please give brief details: \_\_\_\_\_

\_\_\_\_\_

(d) Is your son/daughter allergic to any medication? Yes  No

If YES, please give brief details: \_\_\_\_\_

\_\_\_\_\_

(f) When was the last time your child received a tetanus injection?  
\_\_\_\_\_

**3. Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the Visit Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

I understand that my son/daughter may be videoed or photographed to promote the activity at the school. I give consent for video and photographs to be taken of my son/daughter YES/NO.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

Contact information:

Mobile number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

If I am not available at the above, please contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**This form or a copy must be taken by the Visit Leader on the visit. A copy should be retained by the home contact.**

# Kit List

We will send a kit list with the parental consent form.

No need for new things.

Outdoors – waterproof coat is a must!

Warm clothes...too many is better than too few.

We will be outside so we might need more than one change of clothes per day e.g. caught in the rain or mucky from having too much fun

# Proposed Itinerary

## Castleton Invaders & Settlers Residential 2018 Cloudside 26th February

### Day One

Late morning arrival at roughly 11am. lunch (brought f introduction from the YHA staff.

Group splits into three:

	Group 1	Group 2	Group 3
12.30	Archery	Runes Puzzle	Roman Battle
1.45	Roman Battle	Archery	Runes Puzzle
3.00	Runes Puzzle	Roman Battle	Archery

- 4.00: Settle into rooms
- 5.00: Dinner
- Evening: Gems, Bingo & Film

### Day Three

	Group 1	Group 2
9.30	Team Challenges	Fossil Hunting
10.45	Fossil Hunting	The <u>Jumblies</u> Challenge

12.00: Lunch & Departure

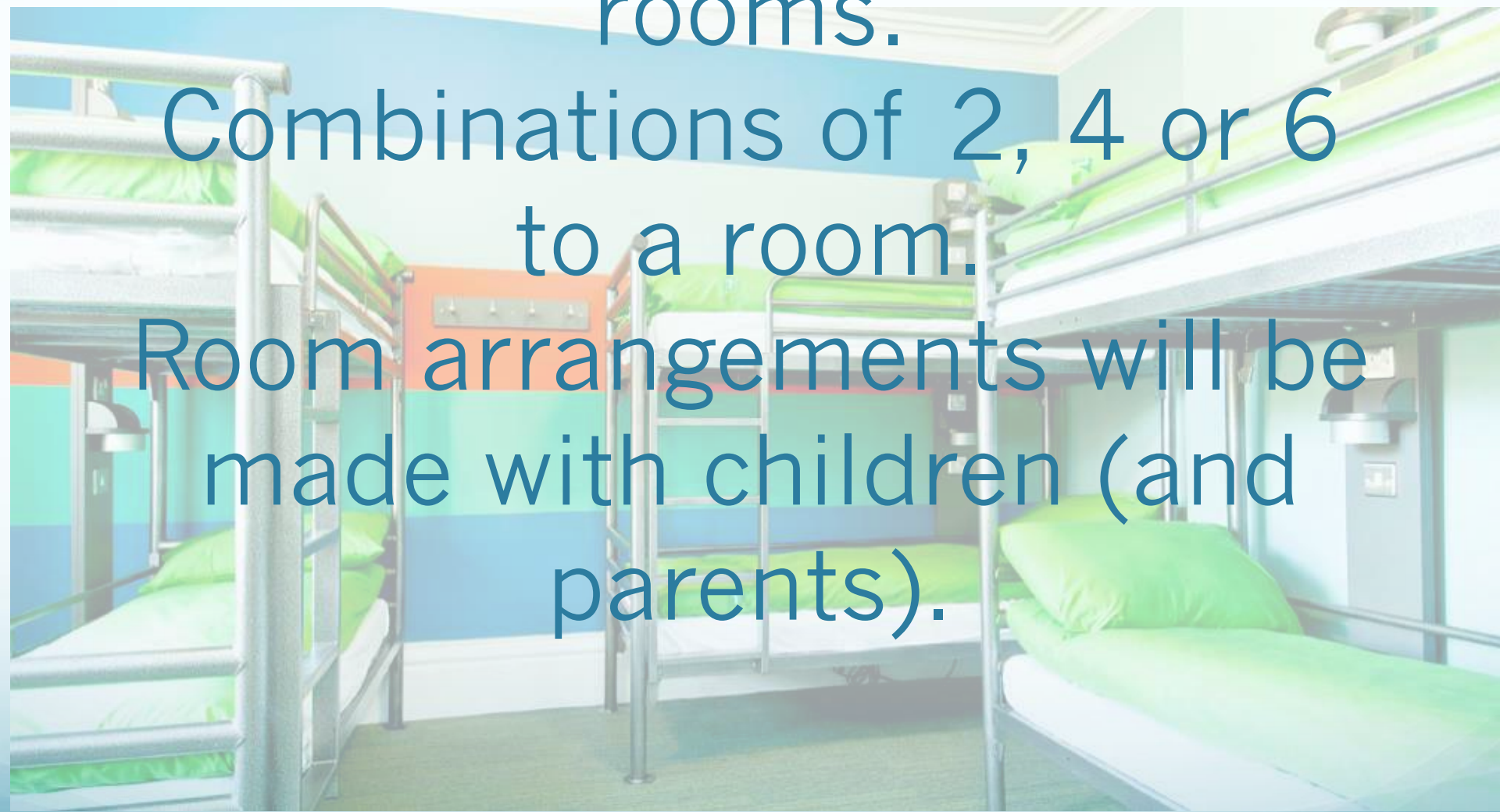
Group 2
History Walk
Lunch
Building Roman Siege Engines
History Timeline
Team Challenges

- 4.00: Settle
- 5.00: Dinner
- Evening: Candles & Karaoke

Boys rooms and girls  
rooms.

Combinations of 2, 4 or 6  
to a room.

Room arrangements will be  
made with children (and  
parents).



## Last year's menu:

### Day 1:

Dinner – Meatballs/ Veggie version/ jacket potato  
Choc ice/ jam sponge and custard/ fruit salad

### Day 2:

Breakfast – cereals/ cooked breakfast/ yogurt/ croissants

Lunch – Sandwich (ham/ tuna/cheese), crisps, fruit  
(apple/ orange/ banana) and a drink

Dinner - Chilli con carne/ Three bean chilli/ jacket potato  
Choc ice/ chocolate fudge cake and cream/ fruit salad

water/ squash available on request throughout the day  
(and at least one hot chocolate).

# Staffing

Miss Griffiths (Lead)

Mrs Shooter

Mrs Johnson

Mrs Needham

Mrs Hopewell

# Frequently Asked Questions:

Mobiles: please leave these at home

Spending money: no more than £5 the souvenir shop has a range of items at a low cost

Paying the balance: instalments are fine. Keep paying what you can, when you can and we can inform you of the balance when you pop into the office.