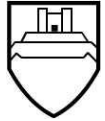




Stratford – Sub – Castle Church of England VC Primary School

Headteacher: Mrs Kay Bridson B.A (Hons) PGCE



Life in all its fullness

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Thursday 28th April 2022

Dear Parents of Year 5 and 6 pupils

Year 5/6 Residential Trip to Braeside: Monday 13th – Wednesday 15th June 2022.

Please fill in the Medical/Emergency contact form **on the attached form** for your child's residential trip to Braeside and return it to the school office via the drop box on the gate by **Thursday 5th May**.

The medical/emergency information will be kept confidential. After the Braeside trip, all information will be destroyed.

For your information:

**Braeside Education Centre
Bath Road
Devizes
Wiltshire
SN10 2AP**

Telephone number 01308 862260

Please contact Braeside in an emergency only, otherwise contact the school.

The provisional itinerary for the Braeside trip is on the reverse of this letter.

On **Thursday 19th May** I will be holding a short meeting over TEAMS to discuss the trip. Further information for the meeting will be sent out nearer the time.

If you would like to speak to myself about any concerns, please let Mrs Munt know and we can organise a meeting.

With best wishes

Hannah Crook

Braeside Itinerary

The provisional itinerary for the Braeside trip is

	Group 1	Group 2
<u>DAY 1</u>	Arrive and welcome	
	Orienteering	
	Lunch	
	Climbing Wall High Ropes	Canoeing (Devizes Wharf)
	Settling in time / House Rules	
	Dinner	
	GPS Orienteering	
	Bed Time!	
<u>DAY 2</u>	Breakfast	
	Canoeing (Devizes Wharf)	Climbing Wall High Ropes
	Lunch	
	Low Ropes Shelter Building	Shelter Building Low Ropes
	Dinner	
	DT Challenge	
	Bed Time!	
<u>DAY 3</u>	Breakfast	
	Survival Morning Cooking lunch on fires	
	Lunch	
	Braeside Gift Shop	
	Depart for Home	

Monday afternoon and Tuesday morning we will split into two groups. All other activities we will complete together.

MEDICAL/EMERGENCY INFORMATION

Child's name _____

My child will need to take the following prescribed medication/inhaler with them:

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.....
.....

Medication to be administered as follows:

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

Other medical problems not requiring medication (eg. nosebleeds):

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

Special dietary needs:

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

Emergency contact number

Signed.....

Print Name:

Additional Information/Concerns

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