



4 March 2025

Our Ref: Off1/Yrgrp/Y4/4A&4CH/HenForfinal24

TO: ALL YEAR 4 PARENTS/CARERS

Dear Parents/Carers

Re: **HENLEY FORT RESIDENTIAL TRIP:  
Wednesday 23 April 2025 - Thursday 24 April 2025  
4CH AND HALF OF 4A**

The Henley Fort residential visit is getting ever closer! Please find enclosed forms for your attention.

All day time activities will be based at the Henley Fort site and will be led by their trained staff. The children will all experience rock climbing, archery, fire lighting and building, team building experiences including a challenge course and orienteering, as well as gaining valuable independence through their time on site. The basic equipment list for your guidance is printed on the back of this letter. If you are really struggling with any items, please let us know and we will try to help. It is really important that all items are named.

The other forms are a parental consent form which is legally required and a medical/contact details form. Please return these forms to the School Office by 28 March 2025.

On the 23 April 2025, children need to be dropped to school at 8am to the Buzz Room, this is located through the green gate to the right of the school office as you come up the path. We will leave the school at 8:30am and travel to Henley Fort by coach. The children will need a disposable packed lunch for the first day of their trip. All other meals and snacks are provided throughout the visit, including a packed lunch for the second day of their trip. We will return to school on 24 April 2025 for normal pick up time between 3:10pm and 3:20pm.

Can we remind you of the following:

- **NO** pocket money is required;
- Medicines should be put into a suitable container, labelled appropriately with the child's name and dosage, and handed in on arrival at school together with a completed medical form (attached);
- **No** electronic games or mobile phones;
- No extra sweets or snacks.
- No bedding is required.
- Ensure your photographic consents are up to date.

If there is any emergency, please telephone the school on 01483 563701 during school hours or alternatively call Mrs Rebecca Stacey on 07970910959 outside of school hours. We will be able to contact the teachers on the trip by mobile phone at any time.

We are looking forward to taking your children on our residential visit to Henley Fort, which will be a great experience for us all. Should you have any questions please feel free to contact me via the school office or ask at the pre-trip meeting which will be on Tuesday 18 March 2025 at 3:25pm.

Yours sincerely

Alison Fitch  
Co-Headteacher

Rebecca Stacey  
Co-Headteacher

Sam Agombar  
Year 4



2023-2026



**HENLEY FORT KIT LIST:**  
**Wednesday 23 April 2025 - Thursday 24 April 2025**

Your child should wear comfortable trainers for walking. Please do not send any shoes with laces unless the children are able to tie them themselves.

It really helps the children's independence while we are away if they have packed their own bags (supervised by yourselves).

**Please pack these items in a small comfortable backpack for your child to carry:**

- Waterproof jacket.
- Sun cream.
- Sun hat.
- Disposable packed lunch (no nuts please).
- Mid-morning snack - please pack this separately to lunch to avoid the children eating everything at once! Again, no nuts please.
- Water bottle

**Please pack these named items below in a travel bag, which will be transported to Henley Fort by the Henley Fort staff:**

- Wellies / spare shoes in case of rain.
- 2 full sets of clothes (layers – in case it is wet). **No denim or jeans.**
- Underwear and socks.
- Warm top / fleece.
- Waterproof trousers – these are optional but are highly advisable. This is mainly an outdoor trip.
- Pyjamas.
- Towel.
- Wash bag (toothbrush and toothpaste as a minimum!).
- Torch with working batteries.
- Reading book.
- 1 x small teddy bear or cuddly toy (not essential!)
- A plastic bag for any muddy/wet clothes.

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**PARENTAL CONSENT FOR A CHILD TO TAKE PART IN AN  
EDUCATIONAL VISIT OR SCHOOL JOURNEY**

I wish my son/daughter \_\_\_\_\_ to take part in the above mentioned school journey and having read the information letters and I agree to his/her taking part in all or any of the activities described.

I certify that so far as I am aware my son/daughter is medically fit (details must be completed on the attached Medical/Contract form) to undertake this journey and associated activities and there are no known health reasons why he/she should not do so. I authorise medical treatment to be provided should this become necessary during the course of the visit.

I understand that those supervising my child are in 'loco parentis' and must exercise a standard of care that would be expected of a reasonably prudent parent. Boxgrove Primary School or the Learning Partners Academy Trust will not be responsible for personal injury or any other damage or loss unless they are negligent.

Signed: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_

## MEDICAL / CONTACT DETAILS – HENLEY FORT

*The following details will be treated as confidential (please indicate where appropriate)*

Child's Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

### TELEPHONE CONTACT NUMBERS FOR TRIP DATES:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### MEDICAL DETAILS:

National Health Number: \_\_\_\_\_

Doctors Name, Address & Telephone Number:  
\_\_\_\_\_  
\_\_\_\_\_

*Does your child suffer from any of the following?*

Vertigo/balance	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>			Heart Disease/Angina	<input type="checkbox"/>
Any back, arm or leg problems	<input type="checkbox"/>			Impairment of Sight/Hearing	<input type="checkbox"/>
Travel Sickness	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	History of Back Problems	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Any types of Hernia	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Acute fear of water	<input type="checkbox"/>
Enuresis (bed wetting)	<input type="checkbox"/>	Currently taking any other form of medication			<input type="checkbox"/>

*Any other conditions which may affect your child's participation on the programme:*  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary requirements? Yes  / No   
If Yes, please specify:  
\_\_\_\_\_

When did your child last have an anti-tetanus injection? \_\_\_\_\_

If minor treatment/precautions need to be administered, the teachers will do so. Please give your consent by ticking in the appropriate box, which of the following medical remedies we may use/administer to your son/daughter:

Paracetamol  Piriton  Anthisan

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

**PLEASE NOTE:** All medicines and medication instructions should be handed to the teacher taking charge of medication for the trip on the morning of departure. Please provide suitable containers and label them clearly.



**CHILD MEDICATION REQUEST (including ASTHMA MEDICATION)**

Child's name: \_\_\_\_\_

Parent's surname if different: \_\_\_\_\_

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

Condition or Illness: \_\_\_\_\_

Parent's Home no: \_\_\_\_\_

Parent's Work no: \_\_\_\_\_

GP Name: \_\_\_\_\_ Surgery: \_\_\_\_\_

I agree to members of staff administering medicines/providing treatment to my child as directed below.

Name of medicine: \_\_\_\_\_

Dose/time to be given: \_\_\_\_\_

Completion date of course if known: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medications that the child is taking: \_\_\_\_\_

NOTE: Where possible the need for medicines to be administered at the setting should be avoided. Parents/Guardians are therefore requested to try to arrange the timing of doses accordingly.

I agree to update information about my child's medical needs held by the setting and that this information will be verified by GP and/or medical Consultant. I will ensure that the medicine held by the setting has not exceeded its expiry date.

Signed and agreed:

Parent / Guardian:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Boxgrove School Representative Agreement:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

