



Boxgrove
Primary
School

Co-Headteachers
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22 May 2026

Off1/Yrgrps/Y6/25-26/HindleapWarrenFinal/TH

TO: **ALL YEAR 6 PARENTS/CARERS**

Dear Parents/Carers

Re: **HINDLEAP WARREN: TUESDAY 7 – FRIDAY 10 JULY 2026**

The Hindleap Warren residential visit is approaching and we would like to confirm the final arrangements and ask you to complete some forms to help with the smooth running of the trip. Enclosed is a Parental Consent form which is legally required and a form regarding meals and medicines. You will also find a basic equipment list for your guidance. We are sure that most, if not all, of the items are probably lurking somewhere in your home but please do ask if you are having trouble sourcing anything.

On **Monday 8 June at 3:30pm in 6H**, we will be having a meeting at school which all parents/carers are invited to. This will be an opportunity for you to find out about the trip and to ask any questions you might have.

On **Tuesday 7 July**, we hope to leave school by 9:00am and ask that we meet at school at **8:25am in the Bull Hall**. We will have one stop en route for a drink and a snack and then lunch when we arrive (if you could pack the mid-morning snack and lunch in two separate containers then this avoids the children eating everything at once). Please pack these items in a rucksack along with a refillable water bottle, a small pencil case, a waterproof jacket, a sunhat and sunscreen. Your child will need these items on the coach – **please do not pack these items in their main luggage!**

Please also provide the following:

- A sleeping bag and pillow
- Medicines – to be put in a suitable container, labelled appropriately with dosage etc., and signed in with Boxgrove staff on arrival at school. **Children should not have any medication in their own bags.**
- “Ice cream money” for the shop: up to £10 in change in a named purse/envelope, which should be signed in with Boxgrove staff on arrival at school.

Accompanying the children on the trip are the following staff members: Tom Hunt, Sophie Watts, Alice Brown, David Woodcock, Chris Herbert, Sam Agombar, Jan Ellis, Lauren Liddicott, Emily Rees, Sarah Mackay.

During our time at Hindleap Warren, should you need to contact us in an emergency, please call the School Office on (01483) 563701 or Mrs Fitch on 07763245308 outside of school hours.

We are aiming to arrive back at school by approximately **3:30pm** on Friday 10, but if traffic is heavy then we ask for your understanding if we are delayed. If this time changes we will notify you of our revised ETA.

We are looking forward to what should be a superb few days and a great experience for your children. Let's hope the weather is kind to us! Please do not hesitate to contact us or the School Office if you require any further information.

Yours sincerely

R. Stacey

Tom Hunt

Rebecca Stacey
Headteacher

Tom Hunt
Year 6



Hindleap Warren RESIDENTIAL TRIP EQUIPMENT LIST

The focus for the residential is “outdoor adventurous activities”, so please pack accordingly with your child. They should be prepared for both sunny and rainy days outside.

Your child will have several sessions where they will get wet. We ask that you pack a complete change of clothes for each day, **including old trainers** in a strong plastic bag inside their overnight bag. This ensures that they can quickly dress in the morning in this complete set of clothes, ready for the day.

The children will sleep in accommodation on bunk beds.

Please can we remind you that no mobile phones or electronic devices are allowed on this trip.

‘SMALL DAY BAG’	‘OVERNIGHT BAG’
Small rucksack or backpack for use during the days	Case or holdall for packing equipment
Lightweight waterproof jacket (essential)	2 pairs of shoes (in case one gets wet/muddy)
Sunhat (essential)	Slippers / plimsolls / indoor shoes (optional)
Suncream (essential)	Underwear
Non-disposable drinks bottle filled with water (essential)	Socks
Named disposable or cheap camera (optional)	Nightclothes
Small pencil case with pencils, pen, coloured pencils, rubber, sharpener, etc	Wash bag, plus contents (no aerosols)
Please ensure that your child has a disposable lunch and mid-morning snack packed in their ‘small bag’ for the first day	Bath towel
	T-shirts
	2 x sweaters / hoodies / warm tops
	Trousers / jeans / leggings / joggers
	Shorts
	Book(s) to read at quiet time / night-time (essential)
	Cuddly toy
	Small games (optional) : no electronic games or music players
	Torch with working batteries
	Wellington boots
	A whole set of clothes that you don’t mind getting wet

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

Hindleap Warren RESIDENTIAL TRIP 7 – 10 July 2026

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

I certify that so far as I am aware my son/daughter is medically fit (details must be completed on the attached Medical/Contact 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: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S TEACHER

MEDICAL / CONTACT DETAILS : CROFT FARM

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 leg problems | <input type="checkbox"/> | Impairment of Sight/Hearing | | | <input type="checkbox"/> |
| Travel Sickness | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | 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 administer to your son/daughter:

Paracetamol Piriton Wasp-eze 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.

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S TEACHER