



1 May 2026

Our Ref: Off1/Yrgrp/Y5/25-26/ironfinal26/DW

TO: **ALL YEAR 5 PARENTS/CARERS**

Dear Parents/Carers

Re: **IRONBRIDGE VISIT - MONDAY 8 June – WEDNESDAY 10 June 2026**

The Ironbridge residential visit is approaching quickly 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 we would draw your attention to a torch with working batteries. We do encourage the children to bring a named disposable camera.

On **Monday 8 June 2026**, 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 (no nuts please), this avoids the children eating everything at once!). Please pack these items in a rucksack along with a refillable water bottle, a pencil case, a waterproof jacket and a sunhat depending on the weather forecast. Your child will need these items on the coach - **please do not pack these items in their main luggage!**

Please also provide the following:

- Pocket Money up to £10 in one-pound coins in a **named money bag/envelope**. This should be given to **Mr Dickinson** on arrival at school.
- Medicines – to be put in a suitable container, labelled appropriately with dosage etc., and given to **Miss Mackay** on arrival at school. (Please don't forget travel pills for the return journey).
- Please check that your child has packed a teddy or similar cuddly toy.

Confirmed and accompanying the children on the trip are the following staff members: Mr Woodcock, Mr Church, Miss Fox, Miss Wilkes, Miss Mackay and Mr Dickinson.

This year we will be keeping you up to date with all our adventures via our Instagram account @BoxgroveSchool. During our time at Ironbridge, 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.

The M25 on a Wednesday can be very difficult so please be understanding if we are delayed - we aim to arrive at approximately **4:00pm**. However, if this time changes we will notify you via the My Child At School (MCAS) app to advise you of our changed ETA. Please make sure your mobile is charged and turned on.

If you were unable to attend our meeting on Monday 18 May, you can find a copy of the slides by following this [link](#)

We are looking forward to what should be a super 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


Rebecca Stacey
Co-Headteacher


Alison Fitch
Co-Headteacher

David Woodcock
Year 5



2023-2026

IRONBRIDGE RESIDENTIAL TRIP
Monday 8 June – Wednesday 10 June

EQUIPMENT LIST

'SMALL BAG'	'BIG BAG'
Small rucksack or backpack for use during the days	Case or large holdall for packing equipment
Lightweight waterproof jacket	Comfortable shoes / trainers
Sunhat	Wellington boots (named and pegged together)
Plastic drinks container	Socks
Disposable or cheap digital camera (named)	Underwear
Pencil case with pencils, pen, colour crayons, rubber, sharpener etc	Slippers / plimsoles for indoors
Please ensure that your child has a disposable lunch and mid-morning snack packed in their 'small bag'	Nightclothes
	Washing bag, plus contents (no aerosols)
	Towels (hand, plus shower/bath)
	T-shirts
	Sweaters x 2
	Trousers / jeans / leggings / joggers
	Shorts
	Suncream (necessary in case of hot weather!)
	Books to read
	Small games (not electronic and no personal stereos)
	Torch

**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: _____

Print name: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S TEACHER

MEDICAL / CONTACT DETAILS – IRONBRIDGE

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

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S TEACHER



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: ____/____/____

