

# The Round House Primary Academy

Part of The Diamond Learning Partnership Trust

Established in the Queen's Jubilee Year 2012

School Drive, St. Neots, Cambridgeshire PE19 6AW  
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CEO: Mrs Susannah Connell BSc MA (Ed Mgt) NPQH  
Executive Headteacher: Mrs Tracy Bryden BSc (Hons) PGCE

17<sup>th</sup> June 2022

Dear Parents & Carers

## Year 6 Hilltop Residential Trip – 20<sup>th</sup> – 22<sup>nd</sup> July 2022

If you have any payments outstanding for the Hilltop trip, please arrange payment as soon as possible. Please be aware that your child will not be able to attend the trip if any money is outstanding. The coach will be collecting the children from St Neots Football Club's car park at 9.00am on Wednesday 20<sup>th</sup> July. Please ensure your child is at the collection point by 8.50am as the coach will not be able to wait for anyone who is late arriving. Please note that **the children will need to bring a packed lunch** with them for the first day of the trip as the first meal being provided by Hilltop will be that evening. If you are entitled to free school meals and are unable to provide a packed lunch and would like the school to provide one, please complete the form below and return it to the school office **no later than 8<sup>th</sup> July**.

The children are expected to return to school on Friday 22<sup>nd</sup> July at approximately 5.15pm, traffic permitting.

Please complete and return the attached Parental Consent and Personal Information form and return it to the school office as soon as possible, but no later than **24<sup>th</sup> June**. If your child has an allergy or food intolerance you **must** complete the attached Special Diet Request Form G.

If your child has medication they need to take it with them, this must have their name on it, be in the original packaging, state the dose to be given/frequency and must be handed to Mr Clipsham, Miss Swinburne, Mrs Fairbrass or Miss Culver on arrival at the Football Club. Any medication should have already been disclosed on your permission form. You will need to complete an Administration of Medication form for each medicine and a copy is attached. These are also available from the school office.

A kit list is attached. Children need to make sure that their clothes/items for the residential trip are clearly named and can be easily transported from the coach to our accommodation. Children will be allocated rooms on arrival. Teachers are in charge of the accommodation and children will be supervised at all times. During the day Hilltop staff lead activities. Activities include elements such as: high ropes, archery, sling shot, super swing, assault course, crate stacking, air jump and climbing. There will be no water-based activities however the children will be going swimming.

The Diamond Learning Partnership Trust is a company registered in England and Wales.  
Registered Company No: 8062508. Registered Office: Andrew Road, Eynesbury, St. Neots, Cambs. PE19 2QE

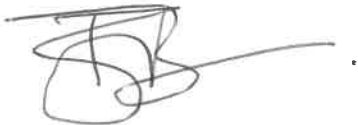


Please do not bring any electrical items (e.g. game consoles, mobile phones, hairdryers). There is a gift shop open for small souvenirs. If children are wishing to bring money, please put in a sealed named envelope and hand to a teacher on arrival, a maximum limit of £10. Children will have breakfast, lunch and dinner at Hilltop; please do not bring any additional food (e.g. sweets, biscuits, chocolate).

Staff from the DLPT will be capturing all the excitement during the days and will hopefully upload photos and/or children's comments onto our school Facebook account directly (internet signal permitting!). If you need to contact us in an emergency please call the school office and they will contact those members of staff at Hilltop directly. Children are **not** allowed to take their own personal mobile phone.

Fingers crossed for good weather!!

Yours sincerely



Mrs Tracy Bryden  
Executive Headteacher  
On behalf of The Round House Primary Academy (part of TDLPT)

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To: The Round House Primary Academy, School Drive, St Neots. PE19 6AW

**Year 6 Residential Trip to Hilltop**

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

My child requires/does not require\* a packed lunch for the trip to Hilltop on 20<sup>th</sup> July (\*Please delete as applicable)

Signed \_\_\_\_\_ Parent/ Carer



## HILLTOP KIT LIST

**We advise not to pack any new or expensive items of clothing.  
Adventurous activity is likely to cause them wear and tear!**

### **Bedding:**

- Sleeping bag OR
- Duvet with duvet cover  
(Hilltop will provide pillows and pillowcases)

### **Footwear:**

- Indoor shoes or slippers (not slipper socks)
- Outdoor shoes/boots/trainers (2 pairs). No crocs or flipflops
- Wellies (optional)

### **Useful Items:**

- A labelled bin bag for wet or dirty clothes
- Torch and spare batteries
- Re-useable water bottle
- Hair bands
- Tuck Shop money (no more than £10, ideally in change)



### **Clothing:**

(make sure all items are named)

- Socks and underwear
- Nightwear
- T-shirts
- Long sleeved tops
- Fleeeces/jumpers
- Waterproof jacket
- Leggings or trousers
- Waterproof trousers
- Clothes for the evening
- Swimming kit

### **Toiletries:**

- A wash bag (including shower gel, shampoo, toothbrush and toothpaste, hairbrush)
- Towel

### **Warm weather:**

- Insect repellent
- Sun cream
- Sun hat
- Shorts

### **Cold weather:**

- Woolly Hat
- Scarf
- Gloves

**No Chewing gum**

**No Hairdryers**

**No Mobile phones**

**No iPods**



**No Games consoles**

**No Aerosols / Aerosol deodorant**

**No nuts or nut products**

**No electronic gadgets**



# PARENTAL CONSENT & PERSONAL INFORMATION

# F



(Treated as Confidential Once Completed)

Please complete each section of this form in full and return it to your Group Leader

Group Name: THE ROUND HOUSE Date of Visit: 20<sup>th</sup> - 22<sup>nd</sup> July 2022

### Child's Personal Details

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctors Name, Address & Phone number: \_\_\_\_\_

National Health Number: \_\_\_\_\_ Date of last Tetanus vaccination: \_\_\_\_\_

Name & Address of person to contact in an **emergency**: \_\_\_\_\_

Telephone Number of person to contact in an **emergency**: \_\_\_\_\_

Name, Address & Phone Number of Parent/Guardian (if different to above) \_\_\_\_\_

**Dietary requirements** please tick relevant boxes below (*Halal and Pescatarian diets will be catered as vegetarian*)

Vegetarian  Vegan  Dairy Free  Lactose Free  Diabetic  Coeliac

Other  please specify below: \_\_\_\_\_

**Does your child have a Food Allergy or Intolerance:** NO  YES  If YES, you **MUST** complete a **Special Diet Request Form G** and return this with a copy of any relevant Care plan for your child.

### Medical Information

Existing ailments can be exacerbated or increase the risk of further injury, some minor physical exertion will result in participating in the course. Please provide specific relevant health or medical information.

Please tick if your child has or is currently suffers from any of the following:

Allergies  Asthma  Back/Neck Problems  Diabetes  Epilepsy  Heart Problems   
Joint Problems  Raised/Low Blood Pressure  Bone weakening condition  Other

Please give more detail if you have ticked any of the above \_\_\_\_\_

Does your child take medication? Yes / No If YES please state condition \_\_\_\_\_

Dosage Required: \_\_\_\_\_

Has a medical doctor advised your child to limit or restrict their physical activity in any way? Yes / No

Are you aware of any other condition that limits your child's ability to take part? Yes / No

If you have answered YES to any of the questions above, please explain \_\_\_\_\_

In signing this form, you:

1. Agree for information detailed within this form to be shared with Hilltop and third-party sub-contractors Hilltop engage for the purposes of providing the service.
2. Give your consent as the Parent or Guardian for this child to attend the course and to be given first aid and medical assistance as necessary.
3. Ensure the child attending (named above) understands it is not compulsory to attempt the activities.

Hilltop has public liability insurance of £10 million. This does not cover you for loss or damage to personal property or personal injury. Hilltop pays particular attention to safety but as with all outdoors activities there is a small inherent risk of minor injury. We advise you to confirm with the leader of your group that they have organised adequate insurance cover for this type of event including cancellation and curtailment cover.

Signed by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name Parent/Guardian: \_\_\_\_\_

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Medical (Form C) and Dietary forms (Form D) before sending to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.



# HILLTOP SPECIAL DIET REQUEST



(Treated as Confidential Once Completed)

Please note that this form is NOT to be used for general likes or dislikes
















Once complete you MUST attach any relevant Care Plan and return it to your Group Leader who will submit it to Hilltop

Group Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hilltop is happy to assist you with any food allergies or dietary restrictions and suitable alternatives will be provided. While we make every effort to ensure that meals are allergen free, we cannot guarantee this, as airborne contaminants may exist or due to manufacturer substitution beyond our control.

Please  to confirm all food allergies that apply from the list below in line with Food Standards Agency guidelines

 Celery <input type="checkbox"/>	 Cereals containing gluten <input type="checkbox"/>	 Crustaceans <input type="checkbox"/>	 Eggs <input type="checkbox"/>	 Fish <input type="checkbox"/>
 Lupin <input type="checkbox"/>	 Milk <input type="checkbox"/>	 Mollusc <input type="checkbox"/>	 Mustard <input type="checkbox"/>	 Other Nuts <input type="checkbox"/>
 Peanuts <input type="checkbox"/>	 Sesame seeds <input type="checkbox"/>	 Soya <input type="checkbox"/>	 Sulphur Dioxide <input type="checkbox"/>	 Tree Nuts <input type="checkbox"/>

Other: \_\_\_\_\_

How are they affected if they come into contact with the allergen, please tick the appropriate box:-

By Taste  by Touch  by Smell

What is the severity of the reaction? Mild  Life Threatening   
Is an Auto-injector required? NO  YES  If YES, include Auto-Injector Brand  
EpiPen  Jext  Emerade

Is there a Care plan in place? NO  YES  If YES, please ensure details of Care plan are given to group leader

Please advise below if the group can continue to eat these foods in the dining room or if any foods need to be removed for the whole group? \_\_\_\_\_

Signed by Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print name Parent/Guardian: \_\_\_\_\_

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Dietary forms (Form D) before sending a copy of both forms to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.