

**Year 5**  
**Residential Visit to**



**Monday 4 May**  
**to**  
**Thursday 7 May 2020**

OSMINGTON BAY 2020

SAMPLE ITINERARY

Below is a guide to activities the children will be participating in during the week.



Monday 4 May

Children arrive at school as usual, to depart at 9.15am  
Travel to Osmington Bay via Liberty's Owl, Raptor & Reptile Centre,  
Ringwood, arriving approximately 3pm.

Tour of Site

Evening Activity



Tuesday 5 May

Whole day: Group A: Fossils, Rocks and Geology (am)  
Marine Zonation (pm)

Group B: River investigation & stream ecology (pm)  
Marine Zonation (pm) (subject to change)  
ICT follow up

Evening Activity:



Wednesday 6 May

Whole day: Group A: River investigation & stream ecology (am)  
Multiskills activities (pm)

Group B: Geology, Rocks & Fossils (am) (subject to  
change)  
Multiskill activities (pm)

Evening Activity: Campfire Session



Thursday 7 May

Morning: Multiskill activities  
Afternoon: Depart 1.45pm - Arrive School 5.00pm

### **CLOTHING AND EQUIPMENT CHECKLIST**

- Underwear for four days
- Socks
- 3 pairs warm trousers/jogging bottoms for day
- Spare trousers/skirts for evenings
- Several T-shirts / long sleeved shirts / blouses (they will need a long sleeved T-shirt for aeroball activity)
- 3 Sweatshirts/jumpers/cardigans/fleece
- Shorts
- Pyjamas /night clothes
- Toilet bag
- 1 small hand towel
- 1 large towel
- Waterproof jacket – **essential** and packed in rucksack for day 1
- Waterproof trousers (if you have them)
- 1 shower cap (if needed)
- Small rucksack (for notebook, pencils, sandwiches etc.)
- Wellington boots in named plastic bag (packed in main case please)
- Light footwear for use at the centre and for outdoor pursuits (i.e. trainers)
- Sturdy outdoor shoes/boots
- Sun hat and sun cream
- 3 named clear plastic freezer bags (for shells, fossils etc.)
- Camera if desired in a case / plastic bag – film already loaded or disposable even better
- Reading book
- Named purse containing pocket money (a maximum of £8 is suggested)
- Drinking water bottle
- Plastic bin liner for groundsheet use

**Please do not allow children to bring any battery or electrically operated toys/games, especially not mobile phones**

**ALL CLOTHING AND EQUIPMENT MUST BE CLEARLY NAMED**  
**IMPORTANT! REMEMBER THROW AWAY PACKED LUNCH IN A CARRIER BAG,**  
**INCLUDING DRINK, IN RUCKSACK, FOR THE FIRST DAY**

**MEDICATION, must be clearly marked with the child's name and class and dosage and handed to Class Teacher on arrival at school on Monday 4 May.**

**MEDICAL QUESTIONNAIRE**

PUPIL'S NAME.....CLASS.....DOB.....

PARENT'S NAME AND INITIALS .....

HOME ADDRESS .....

TELEPHONE NO. ....

NAME / ADDRESS/TEL OF FAMILY DOCTOR .....

Has your child had any of the following:

Asthma or Bronchitis	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites etc.	YES	NO
Other illness or disability	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is YES please give details overleaf

**Immunisation Status**

Has your child had the recommended vaccination against Tetanus in the last ten years including the pre-school booster? YES NO

Date if yes .....

Does your child require medication for travel sickness? YES NO

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES NO

Has your child been given specific medical advice to follow in emergencies? YES NO

If the answer to either of these questions is YES please give the details overleaf.

(Including dosage of any medicines/tablets)

I consent / do not consent to my son/daughter being given a mild painkiller (paracetamol) if considered necessary by the party leader.

SIGNED..... Parent/Guardian. DATE.....

**Medicines:** Any medicines that need to be taken during a school journey must be handed to the member of staff in charge of the journey by the parent. The medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions.  
Please check with the office that your child's medication is in date.  
Paracetamol does not need to be provide



**PARENT'S CONSENT FORM**

**SOUTH FARNHAM SCHOOL  
A JOURNEY TO  
OSMINGTON BAY 2020**

**4 MAY 2020                      TO                      7 MAY 2020**

**CHILD'S NAME..... CLASS.....**

**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 any or all of the activities described.**

**I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.**

**I consent to any emergency medical treatment necessary during the course of the visit.**

**Signed .....(Parent/Guardian)**

<b>ADDRESS</b>	<b>HOME</b>	<b>WORK</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Telephone No. .... Telephone No. ....**

**If not available at the above, please state an alternative contact.**

**Name .....**

**Telephone No. ....**