



Dereham Church of England Junior Academy

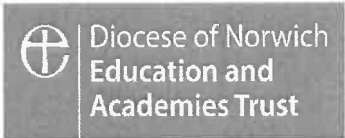
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7th March 2023

Dear Parents/Carers,

Firstly, thank you for confirming your child's attendance on our residential visit to the Horstead Centre in May. We are so excited and hope your child is too! We are now in a position to confirm a few more details and provide some further information on the visit.

As previously advised, two classes will be going at one time over a period of three days and two nights. They will be as follows:

Dates of Visit	Classes Attending
Monday 15th May - Wednesday 17th May	Babbage and Parks
Wednesday 17th May - Friday 19th May	Seacole and Malorie

Any outstanding payments must be paid by Friday 10th March 2023.

In the meantime, please see the attached medical forms. The medical forms are a safety requirement imposed on us and must be completed before your child can attend the residential. Therefore, please could these be returned to school as soon as possible.

Also provided is a recommended kit list, this should help to give you an idea of the items the children should and should not bring with them.

Please note in particular the need for the children to bring both a sleeping bag and a pillow case with them.

Should you have any questions, please feel free to contact me.

Kind Regards,

Mrs R Groves  
Y4 Leader

## Medical Form

(For residential stays and activity courses at or associated with the Horstead Centre)

PARTICIPANT'S NAME..... Date of birth..... \*male/female

COURSE ATTENDING..... From..... To.....

Address.....

..... Post Code.....

Telephone numbers: Daytime..... Evening.....

Mobile..... Email.....

Name of Emergency Contact (parent/guardian/next of kin).....

Contact telephone if different to above.....

Medical details:.....

.....

Any special dietary requirements .....

.....

## Consent Form

I hereby agree to myself/ my child participating in activities at The Horstead Centre, on the date specified above.

I declare that I/ my child is water confident, and to best of my knowledge, does not have any medical condition which could affect participation in the course, or require specific assistance. (Medical conditions need not necessarily prevent participation, but the instructor **MUST** be made aware of any potential problem.)

Please note that digital photography may take place during your/ your child's visit. These photographs may be used for publicity material, but no personal details will be made available. Please tick the box if you object to photos being taken of yourself/your child.

**DECLARATION** (All participants over 18 at the date of participation must complete this section. If under 18 at this date this section should be completed by that participant's parent or legal guardian).

As the \*participant/ parent / guardian of ..... (Name)

I have understood the nature of the adventurous outdoor activity to be undertaken at to the Horstead Centre and agree to \*my / his / her / taking part. I also agree that:

- (i) \*I am / he is / she is fit to participate in the visit and programme.
- (ii) Under the Data Protection Act, I authorise the Horstead Centre to retain the information on this form for the duration of the visit and for up to 30 days beyond.

Signed \*participant/parent /guardian ..... Date .....