TOWER WOOD MEETING

Tower Wood – Year 5 Residential

10 – 15th May 2027







Staff

- Mrs Holt – deputy visit leader
- Mr Sowerby - deputy visit leader
- Four other members of staff (TBC)

Accommodation

- Open plan reception and dining area. Wooden floored dining room.
- Two lounge and coffee areas with main one opening onto patio and pine garden tables
- Reception
- Kitchens
- Bedrooms with comfortable modern oak bunk beds or single beds. Most rooms accommodate from 2-6 children. Some children may be accommodated in the Gatehouse (supervised by Staff) – this is so we can get ALL the children who want to attend the residential, in accommodation.
- Bedrooms on three landings for easy supervision
- Member of staff on each level.
- Ensuite shower and toilet facilities.
- Back porch as working entrance with hanging space for wet gear and muddy boots
- Very efficient drying room
- Views to landscaped gardens.







Day-to-day routines

- All kit for activities is provided
- Food – much the same as in school
- Accommodation – in rooms accommodating between 2 and 8 children
- Daily room inspections by school staff!
- Children to bring £5 in change for tuck shop to enhance pack lunch.
- Drying room.





Planning

- Risk Assessments completed by school and approved by Lancashire
- Tower Wood activities all risk assessed by Tower Wood
- Tower Wood staff all qualified for activities they lead





General information

- Safety is paramount
- Children will be given clear instructions re: Health & Safety around site on arrival
- Staff will meet every morning to discuss day's events and plan for activities
- Any child not following instructions could be stopped from participating in activities





Activities

Weather dependent – to include:

- Sailing
- Kayaking
- Canadian canoeing
- Rock climbing / Abseiling
- Raft-building
- Ghyll Scramble
- Adventure Day

Evening activities:

- Orienteering
- Games
- Forest School activ









Evening Activities

Evening activities:

- Orienteering
- Games
- Team Building
- Forest School activities









What to bring

- Plenty of clothes!! (ALL labelled with names please!)
- Clothes that can get wet including WET SHOES or an old pair of trainers (labelled)
- Indoor Shoes (slippers etc.), Wet Shoes, Outdoor Dry Shoes (labelled)
- Spare plastic bags for wet clothes
- Towels – 1 for room, 2 for activities (labelled)
- Deodorant – Roll on and not aerosol
- Medication – clearly labelled
- Asthma inhalers (with spare!) – clearly labelled
- Sun cream / hat / sunglasses (optional)
- No phones, electrical devices or calls
- Sherwood Staff will take iPads and put images on the school website each night.
- Check list of all personal belongings

Rules for pupils

- You must follow all instructions at all times, displaying responsible behaviour
- You must show respect for the staff in the party
- You must always listen to instructions and ***ask*** if you do not understand
- You must be polite at all times
- You must stay with your group leader when asked to do so, and not wander off
- You must not talk to or wander off with any strangers
- During the journey you must stay in your seat, with your seatbelt on at all times
- You must be kind and friendly to the whole school group
- You must not go into someone else's bedroom without permission.

Parental Consent to Administer Medicine (without MP signature)

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures and you complete and sign this form.

School/Setting:			
Name of Child:		Gender:	MALE / FEMALE
Date of Birth:		Class/Form:	
Date for review to be initiated by:			
Medical diagnosis, condition or illness			
MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date			
Dosage and method of administration			
Timing			
Special precautions or other instructions e.g. with food etc.			
Side effects that the school/setting must know about			
Can the child self-administer?	YES / NO	If YES is supervision required?	YES / NO
Does any medicine need to be carried by the child on their person, what and where will they keep it?	YES / NO		
Procedures to take in an emergency			

PLEASE NOTE: medicines must be in the original container as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		Work Tel. No:	
		Home Tel. No:	
		Mobile Tel. No:	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.			YES NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.			YES NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
Signed:		Date:	

Medical Information

Medical Information

Parental Consent to Administer Medicine (with MP signature)

This school will not give your child medicines or medical treatments unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures and you complete and sign this form. Parents can complete this entire form, but in line with recommendations from child protection Serious Case Reviews, a relevant medical professional must also sign their agreement to the administration of medicines and treatments described below. **Please PRINT information clearly and use BLACK INK where possible.**

Name of Child:				**School/Setting:**			
Date of Birth:		**Gender:**	MALE / FEMALE	**Class/Form:**		**Date for review to be initiated by:**	
Medical diagnosis, condition or illness							

MEDICINE(S)					
Name/type of medicine(s) (as described on container)	**Expiry date**	**Dosage and method of administration**	**Timing**	**Special precautions or other instructions e.g. with food etc.**	**Side effects that we need to know about**

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

Medical Information

Can the child self-administer?	YES / NO	**If YES is supervision required?**	YES / NO (if YES, please detail e.g. visual only, guiding hand, measure check only etc.)
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES / NO (if YES, please give details):	
Procedures to follow in an emergency:			

EMERGENCY CONTACT INFORMATION			
Name:		**Relationship to Child:**	
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	

Parental Declarations	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)	
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.	YES NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.	YES NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	

Signed:		**Print Name:**		**Date:**	

Medical Practitioner Declaration					
The above information is, to the best of my professional knowledge of this child, accurate. I agree that in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.					
Signed:		**Print Name:**		**Date:**	
Professional Relationship to Child:		**Recommended Date of Review/Review Trigger:**			

Medical Information.

Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet. .

Name of school/setting:							
Name of child:				Date of Birth:		Class/Form:	
Name and strength of medicine:							
Dose and frequency of medicine:							
Date medicine received from parent:		Expiry date of medicine:		Date medicine returned to parent:			
Quantity of medicine received:				Quantity returned to parent:			
Staff Signature:			Parent Signature:				

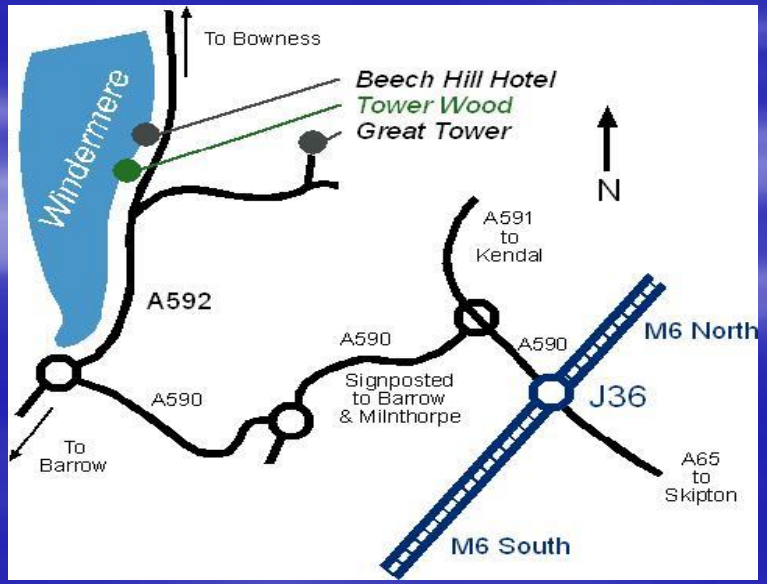
PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Timetable

- Depart school approximately 9.20 a.m. on Monday 10th May
- Please be at school from 8.30 a.m. and in by 8:45 a.m. to enable us to get luggage in and have children ready to board the coach promptly
- Arrive Tower Wood approx. 10.30 a.m.
- All children need a packed lunch for the first day at Tower Wood.







Returning to school

- Depart Tower Wood Friday 15th May
- Return to school approx. 3:20 p.m.
- Hopefully with a shattered child that sleeps all weekend!





- Any questions? Please speak to Mrs Holt or Mr Sowerby.