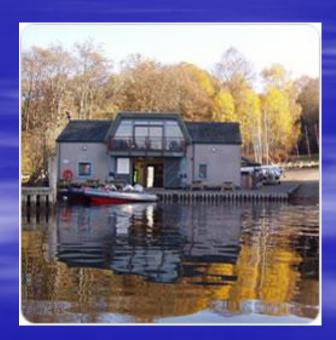
TOWER WOOD MEETING – 5:15 pm

Tower Wood - Year 5 Residential

12 – 16th May 2025







Staff

- Mr Stanton visit leader (15th time with school)
- Mrs Holt deputy visit leader (6th time with school to Tower Wood, Senior Female Staff Member)
- And 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





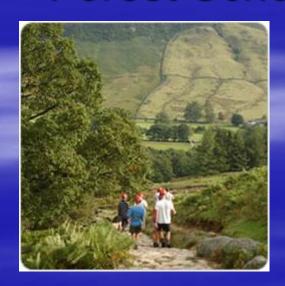




Evening Activities

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.

MALE / FEMALE

Gender:

Class/Form:

Parental Consent to Administer Medicine (without MP signature)

+

School/Setting: Name of Child:

Date of Sirth:

This school/sctling 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.

Date for review to being	вине о оу:									
Medical diagnosis, condition or illness										
		MEDICI	NE(S)							
Name/type of medicine(•									
(as described on the cont	ainor)									
Expiry date										
Dosage and method of a	dministration									
Timing										
Special precautions or of instructions e.g. with foo										
Side effects that the scho must know about	od/setting									
Can the child self-admini	ater?	YES / NO	If YES is supervision	f YES is supervision required?						
Does any medicine need person, what and where			YES / NO							
Procedures to take in an emergency										
PLEASE NOTE:	medicines	must be in the origin	nal containers as dis	pensed by the	pharmacy.					
		CONTACT INF	ORMATION							
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 mychild must have a working, in-date and sufficiently full inhalor, clearly labelled with their YES NO N/A										
name, which they will bring with them every day. I consent to my child receiving, in an authmal emergency, salbutamed 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/actting staff										
administering medicine in accordance with the policy. I will inform the school/acting immediately, in writing, if there is any change in decage or frequency of the medicine or if the medicine is stopped.										
Signed:				Date:						

Medical Information

Medical Information

Supporting Pupils with Medical Conditions Policy and Procedures

Appendix C2

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:							ol/Setting:						
Date of Birth:	Gende		Gender: MALE / FEMALE		Class/	/Form:			Date for review to be init	iated by:			
Medical diagnosis, condition or illness													
MEDICINE(S)													
Name/type of (as described o		Expiry	date	Do	sage and method of administration		Timing			ial precautions or other ctions 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 ch	ild self-administer?	YES / NO	If YES is supervision required?	YES	YES / NO (if YES, please detail e.g. visual only, guiding hand, measure check only etc.)							
	medicine need to be car on, what and where will		YES / NO (if YES, p	please give	details):							
Procedure	Procedures to follow in an emergency:											
EMERGENCY CONTACT INFORMATION												
Name:				R	elationship to Child:							
Address:				W	Vork Tel. No:							
				н	ome Tel. No:							
	Mobile Tel. No:											
Parental D	Parental Declarations											
Lunderstar	I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)											
Lunderstar	nd that my child must ha	we a working, in-date and	sufficiently full inhaler,	, clearly labe	elled with their name, wh	nich they will bring with them e	very day.		YES NO N/A			
I consent t	to my child receiving, in a	an asthma emergency, sall	butamol which has not l	been presc	ribed 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:			Pri	int 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:			Prir	nt Name:				Date:				
Profession	Professional Relationship to Child: Recommended Date of Review/Review Trigger:											

Medical Information.

Supporting Pupils with Medical Conditions Policy and Procedures

Name of school/setting:

Appendix D

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.

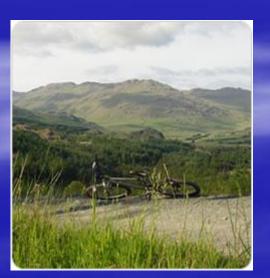
The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet. .

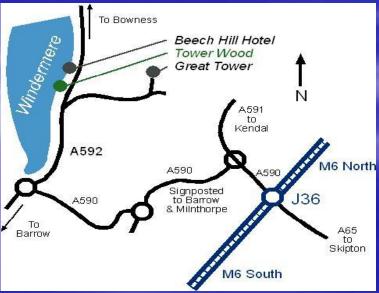
Ivalile of school/st	eccing.												
Name of child:								Date of Birth:			Class/Form	:	
Name and streng	th of medicine:												
Dose and frequen	cy of medicine:												
Date medicine received from parent:		Expiry date of medicine:						Date medicine	returned				
Quantity of medic									Quantity returned to parent:				
Staff Signature:						Pare	nt 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'									eaction'				
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
 12th 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 16th May
- Return to school approx. 3:20 p.m.
- Hopefully with a shattered child that sleeps all weekend!





Any questions?