

Year 5 Residential: High Ashurst

Wednesday 30th April to Friday 2nd May 2025

Accompanying Adults

Mr Doe Mrs Sharp Ms McCauley Ms Haire Mrs Chaudoir

Mr Flower and Mr Simpson for the Wednesday

(2 parent helpers – Mrs Komori and Mrs Thompson)



Why are we going?

PSHE & PE Curriculum Links

- Encourage independence
 - Develop self-risk
 - Learn new skills
 - Team work

Transport

Children will travel from school via a coach

Departure: Wednesday 30th April @ 10:30am (Children will be in school for normal registration.)

Return: Friday 2nd May @ 2:45pm approx. Usual pick time from school.



Accommodation Teepees

Itinerary

High Ashurst Centre - Activity Programme

Organisation Name: Cardinal Newman Catholic Primary School | Number Of Groups: 5 | Nights: 2 | Arrival Date: 11:30, 30 Apr 2025 | Departure Date: 14:00, 02 May 2025

Session	Time	Cardinal Newman 1	Cardinal Newman 2	Cardinal Newman 3	Cardinal Newman 4	Cardinal Newman 5			
Wednesday 30 Apr									
Wed	13:30 - 16:30	Challenge Course (A)	Challenge Course (B)	Challenge Course (C)	Challenge Course (D) - additional Ins	Challenge Course (E)			
Wed	Wed [18/30 - 20/30]		Marquee/Cabin Camp Fire - Self led (A) (100)						
Session	Time	Cardinal Newman 1	Cardinal Newman 2	Cardinal Newman 3	Cardinal Newman 4	Cardinal Newman 5			
			Thurs	day 01 May					
Thu	09:30 - 11:00	Orienteering (B)	Orienteering (C)	Orienteering (D)	Team Tasks (A)	Team Tasks (B)			
Thu	11:00 - 12:30	Team Tasks (A)	Team Tasks (B)	Team Tasks (C)	Orienteering (B)	Orienteering (C)			
Thu	13:30 - 15:00	Code Breaker (A)	Code Breaker (B)	Code Breaker (C)	Woodland Skills (A)	Woodland Skills (B) Code Breaker (B)			
Thu	15:00 - 16:30	Woodland Skills (A)	Woodland Skills (B)	Woodland Skills (C)	Code Breaker (A)				
Thu	18:30 - 20:30	Evening MA Session 2 hrs - Instructor led activity (A)	Evening MA Session 2 hrs - Instructor led activity (A)	Evening MA Session 2 hrs - Instructor led activity (B)	Evening MA Session 2 hrs - Instructor led activity (B)	Evening MA Session 2 hrs - Instructor led activity (C)			
Session	Time	Cardinal Newman 1	Cardinal Newman 2	Cardinal Newman 3	Cardinal Newman 4	Cardinal Newman 5			
Friday 02 May									
Fri	09:30 - 12:30	Ropes 3 (A)	Ropes 3 (C)	Ropes 3 (B)	Ropes 3 (D)	Ropes 3 - additional Instructor			















They will need a pack lunch, brought from home for Wednesday lunch time (in a plastic disposable bag please).

Re-useable water bottle

All other food will be provided by the centre.

Please ensure we are informed of ANY food allergies ASAP

Equipment

List:

Please refer to handout.

Clothing	Other		
Underwear (at least 4 pairs)	Wash bag: toothbrush, toothpaste,		
	deodorant		
Socks (at least 4 pairs)	Brush		
3 x shorts/leggings/ tracksuit bottoms	Hairbands		
– at least 1 full length (not jeans as			
these restrict movement)			
3 x T-shirts (ideally 1 with long	Small towel		
sleeves)			
2 x Sweatshirt	Travel sickness pills or bands *		
Pyjamas – long sleeved/full length	Medication *		
plus onsie or similar			
Trainers (Suitable for outdoor	Plastic bags for dirty clothes/trainers		
activities) plus a spare pair			
Waterproof coat	Glasses case (if necessary)		
Crocs or sliders and thick socks to	Reusable Water bottle		
wear inside tents			
Camping roll/yoga mat-no air beds	Torch		
Sleeping bag (2-3 season)	Suitable sized 'teddy' if necessary		
	Pillow		

Equipment

List:

Please refer to handout.

Please note: **NO** sweets, biscuits, extra food etc. to be packed. We have children with allergies and this could prove dangerous.

Absolutely no electronics, mobile phones, music devices etc.

No jewellery to be worn during trip.

Please only send roll in deodorant-NO aerosol.

*Medication: These must be clearly labelled with your child's name and given to the group leaders on the morning of departure.

A wheelie suitcase will **NOT** be ideal to pack belongings. We suggest a large soft holdall.

Medication

Year 5 Residential - High Ashurst Medical Details

Please ensure this form is completely filled out and handed in by Wednesday 26^{th} Apr 2023 .						
Child's	Name:					
	ensured that my child understands that it is important for his/her safety and for the froup that any rules and any instructions given by the staff in charge are obeyed					
My chile	d has					
0	no illness, allergy or physical disability					
0	my child has an Individual Health Care Plan at school					
0	the following illness/allergy/ dietary need or physical disability:					
Please	tick both					
0	I consent to any emergency medical treatment necessary during the course of the visit.					
0	I consent to my child being given any required first aid or mild pain reliever (Calpol, anti-histamine, plasters, anti-septic, sting relief) if considered necessary by the party leader. (Please indicate above if your child has any allergies to these.)					
Name _	(Parent/Guardian)					
Signed	(Parent/Guardian)					

WORK

2 FORMS! Please return BOTH

ALL medication details must be entered on the medication sheets provided.

This includes travel sickness tablets and creams.

Make sure all contact details are up to date.

Please make sure your child's teacher is aware of ANYTHING that could impact your child's stay

Medication

Any medication should be clearly labelled and handed to class teacher on the day of departure with the attached form.

PUPIL MEDICATION REQUEST

Child's Name										
Condition or Illness										
	Parent's Home No: Work:									
	G.P									
	Please tick the appropriate box									
My Child will be responsible for the self-administration of medicines as directed below. I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.										
	Signed Date									
	(Parent/guardian)									
H										
	Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine					
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ļ										
l	Special Instructions									
	Allergies									
Ī	Other prescribed medicines child takes at									
l	home									

Please indicate whether your child is able to self administer medication or whether an adult will need to administer.

Please indicate exactly what medication is needed, when, how much.

We MUST know the expiry of any medication you plan to give us.

Please use the back of the form if you need extra space or need to inform us of anything else important.

ALL medication must be handed to Mrs Haire on the morning of departure.

Please add any additional details on the back of the form

Behaviour

The school's behaviour policy will be followed.

We expect children to listen carefully and respectfully to ALL adults.

High expectation of manners.

Children to be kind and caring to their peers.

Children will be expected to responsible for their own possessions.

Preparation

- Tell them you'll be fine without them!
- Practise packing and unpacking own bag and sleeping bag
- Try to organise a night at a friend's or relative's
- Be positive about what the trip will be like!
- Triple check all items on equipment list and label everything!

Thank you for coming!

If you have any queries or questions please let me know either by emailing the office or catching me at the end of the day!