

Welcome to Year 4 Residential visit to Irthlingborough  
Parents' Information Briefing  
28th April - 30th April 2025



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### Agenda

- Activities
- Staffing
- Medicines
- Accommodation
- Itinerary
- Kit List
- Meals
- Communication

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## Activities

- Irchester Country Park
- Archery
- Climbing
- Canoeing
- Walk the Plank
- Obstacle Course
- Camp Fire
- Night Walk



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## Staffing

- Mrs Benham-Smith
- Miss Major
- Mr Green
- Mrs O'Regan
- Mrs Knowles
- Miss Holman



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## Wednesday Morning

- Arrive 8.30am to school
- Come to the main hall, via the courtyard, with bags
- Must have a packed lunch
- Sign children in
- ALL Medication to member of staff, complete paperwork
- Leave school as soon as everyone is ready
- Irchester Country park - walk and play



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## Irchester Country Park

- On way to Irthlingborough
- Children need a **packed lunch** for this day in a disposable bag. School packed lunches can be ordered through Cucina
- This can be carried in a small rucksack with a drink, sun cream and a sun hat, or wet weather gear
- 5km walk
- Play in the excellent park
- Go to Irthlingborough Frontier Centre



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## Medication

- All medication will need to be signed in and handed to a member of staff before we depart school.
- Please put medication in a bag or box with your child's name on the front - including medication for hay fever.
- Any Epi-pens and inhalers will be taken from school.
- Medication will be given by a member of staff with First Aid training and will be recorded in our first aid log book.



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## Lodges

- Rooms for between 2 - 5 children
- All children have been placed with at least one person from their wish list
- All ensuite rooms
- Teachers spread throughout the accommodation blocks
- Coded entry
- Provided with duvet and pillow, make bed themselves!
- Children are not allowed in rooms of others, common areas



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## Itinerary

- Get to partake in all activities, some encouragement
- Rotate around in groups
- Breaks between
- Evening activities
- Meal times together
- Opportunity to shower



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## Equipment List

Please pack sufficient clothing (but not too much) for your child for the two nights and three days that we are at the centre.

**We recommend that you send old clothes for the duration of the visit, particularly for canoeing.**

- Wind proof/shower proof cagoule
- Trainers for all activities, flipflops, slippers or sliders for inside
- Jogging bottoms or tracksuit trousers  
(**jeans are not suitable** for the activities we are doing)
- Fleeces or warm jumpers
- T shirts
- Socks
- Underwear
- Wash kit and 2 towels (1 for water sports activities)
- Large plastic bag for wet clothing and shoes!
- Small torch
- Night wear
- Sun cream
- Sun hat/cap
- Water bottle with a screw lid
- Soft large canvas bag for packing everything in (please do not use a hard suitcase)

**In addition, for water sports activities:**

- 1-2 **additional** sets of clothing for Canoeing as children are likely to get wet
- 1 pair of **old** trainers suitable for water sports

*Please note, mobile phones and other electronic devices are not permitted during this residential trip, this includes smart watches. We would hate to have anything go missing or break. Thank you for your support with this.*

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In addition

- book
- colouring
- card game
- cuddly toy
- no sweets

**Weekday Breakfast**

Variety of cereals / toasts and condiments / fruit / yoghurts

**Lunch Samples – All served with an open salad bar**

Toasted Baguettes with choice of fillings: Tuna / Cheese and tomato / Cheese and Ham.

Assortment of homemade pizza with potato wedges and baked beans.

Jacket potatoes with a choice of fillings: Chilli / BBQ Sausage / Tuna Mayo / Beans / Coleslaw / Cheese.

**Dinner Samples**

Beef or Turkey burger with chips and garden peas.

Spaghetti Bolognese or Macaroni Cheese with tossed salad

Roasted Chicken Drumsticks or Braised Meatballs with roast potatoes and vegetables

Pasta with a choice of sauce: Carbonara / Tomato and basil / Mediterranean vegetable

Beef Lasagne with garlic bread and tossed salad

Chicken Casserole or chicken curry with rice and vegetables

**Dessert Samples – Served at lunch and dinner times**

Fruit Salad

Chocolate Mousse

Victoria Sponge

Chocolate Sponge and Custard

Jelly and ice cream

Homemade shortbread biscuits

Apple crumble and custard

Rock Cakes

Gateaux

## Communication

As children will not be taking mobile phones, we will post updates using 'Marvellous Me' or on the school Facebook page each evening. Connectivity can be limited so please bare with us.

Please do not place air tags in children's luggage. This is unnecessary as children will be with staff at all times, either at the country park or in the centre.



We will let you know when we have arrived and are on our way home.

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## Consent Forms and Kit List

- Sent home
- Medication paperwork can be given before morning
- All must have completed consent form

Irlingham Visit - Parental Consent Form													
<p>To ensure that your child can participate fully whilst on residential please ensure this Parental Consent Form is returned to school by Monday 20<sup>th</sup> February 2024.</p> <p>Child's Name: (Please print) _____</p> <p>Visit to Irlingham at the Frontier Centre - Monday 20<sup>th</sup> April - Wednesday 24<sup>th</sup> May</p> <p><b>RETURN TO:</b> I agree to my/our participation in the activities described. These include:</p> <ul style="list-style-type: none"> <li>• Open camping</li> <li>• Abseiling</li> <li>• High Rope/Vertical Adventure</li> <li>• Mountain Biking</li> <li>• Canyoning</li> <li>• Canoeing/Kayak</li> <li>• Aikido and Beyond Obstacle courses</li> <li>• Rowing</li> <li>• Adventure Race (participate as a team)</li> </ul> <p>I support the need for responsible behaviour on my/our part. Signed: _____</p> <p><b>HEALTH DETAILS:</b> Does your child suffer from any of the following? YES/NO If yes please specify.</p> <ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Diabetes</li> <li>• Asthma</li> <li>• Physical Disability</li> <li>• Pre-existing</li> <li>• Bad weather</li> <li>• Any other medical condition (please specify) _____</li> </ul> <p>Is your child avoiding any medical treatment? YES/NO</p> <p>If yes, please give specific details of any medicine your child is taking including the dosage (including any medicine for hair loss your child will need for the duration of the visit).</p> <p>Please note if you require or to administer any medication to your child, we will need written, signed instructions as to their administration (this can be done on the morning of the visit). All medicines must be given to a member of staff.</p>													
<p>Has your child any allergies? (e.g. peanuts, dairy, pollen, etc.) YES/NO If yes please specify below.</p> <p>When did your child last have a tetanus injection? Date: _____</p> <p>If your child has not had a tetanus injection, they will need to have one prior to the visit.</p> <p>Our first aid kit contains the items listed below, which will be administered to your child, if necessary, by school staff. If there is any medication you do not wish us to give your child, please cross it out clearly.</p> <ul style="list-style-type: none"> <li>• Saline swabs (for cuts and grazes)</li> <li>• Adhesive Dressing/Plasters for minor cuts</li> <li>• Antiseptic (as an alternative to plaster)</li> <li>• Crepe bandages and triangular bandages</li> <li>• Surgical dressings</li> <li>• Antiseptic ointment (e.g. Euphor)</li> </ul> <p>Name, address and telephone number of your child's doctor: _____</p> <p><b>Medical Consent:</b> To the best of my knowledge my child is not suffering from any medical condition that makes them unfit to participate in this visit or the activities described. YES/NO</p> <p>I agree to a member of staff giving permission for my child to receive medical treatment in an emergency, including anaesthetics, as considered necessary by the medical authority present. I undertake to inform the school if there are any changes in my child's fitness before the date of departure and I have ensured that my child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff are obeyed. I understand the extent and limitations of the insurance cover provided. YES/NO</p> <p><b>Photograph permission:</b> During the residential visit, the school's website/social media parent portal may be updated with photographs of the children completing these activities.</p> <p>I agree to photographs of my child being posted for the duration of the visit. YES/NO</p> <p><b>DIETARY REQUIREMENTS:</b> Does your child require a vegetarian diet? YES/NO</p> <p>Does your child have any special dietary needs? YES/NO</p>													
<p><b>CONTACT DETAILS:</b> During the period of the visit, (Use the parents) may be contacted at:</p> <p>Home address: _____</p> <p><b>CONTACT NUMBERS:</b></p> <table border="1"> <thead> <tr> <th>(1) Name, relationship and telephone contact numbers</th> <th>(2) Name, relationship and telephone contact numbers</th> </tr> </thead> <tbody> <tr> <td>Name: _____</td> <td>Name: _____</td> </tr> <tr> <td>Relationship: _____</td> <td>Relationship: _____</td> </tr> <tr> <td>Home number: _____</td> <td>Home number: _____</td> </tr> <tr> <td>Work number: _____</td> <td>Work number: _____</td> </tr> <tr> <td>Mobile number: _____</td> <td>Mobile number: _____</td> </tr> </tbody> </table> <p>If any of the above contacts are not available then please contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home number: _____</p> <p>Work number: _____</p> <p>Mobile number: _____</p> <p>Consent form completed for: _____</p> <p>Relationship to child: _____</p> <p>Date: _____</p>		(1) Name, relationship and telephone contact numbers	(2) Name, relationship and telephone contact numbers	Name: _____	Name: _____	Relationship: _____	Relationship: _____	Home number: _____	Home number: _____	Work number: _____	Work number: _____	Mobile number: _____	Mobile number: _____
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## Questions

We are available now if you have any questions, or via the year group email address if you think of something later.



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