

Winhills Primary Academy

Part of The Diamond Learning Partnership Trust
Established in the Queen's Jubilee Year 2012

Off Duck Lane, St Neots, Cambridgeshire PE19 2DX
Tel: 01480 211626 email: office@winhills.cambs.sch.uk

C.E.O Mr Jonathan Lewis
Headteacher: Mrs Carol Besant

5th January 2026

Dear Parents, Carers

Year 4 Grafham Residential Trip 2nd – 4th March 2026

With the residential trip only a few months away, we now need to collect medical information. Please complete the attached permissions and medical forms and return to the office by Friday 13th February.

Also attached is a kit list. Please ensure that all items packed are labelled as this will help us reunite mislaid items with their owners! Please do not send any electrical items with your child (e.g. games consoles, phone, hairdryers).

Please arrange for your child to be dropped off at Grafham Water Centre at 10:00am on Monday 2nd March. Children do not need to come to school to register first. This will be done on arrival at the Centre. **Please note that your child will require a packed lunch on the day of arrival.**

Children will need to be collected from the centre at 2:00pm on Wednesday 4th March. If you are unable to organise transport for your child or arrange a car share with other parents, please let the school know as soon as possible by completing the attached reply slip.

If your child has medication they need to take with them, this must be in the original packaging and have their name on it. A Consent Form for Administration of Medicine will also need to be completed and handed to Mrs Burns on arrival at Grafham. Any

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medication should have already been disclosed on your permission forms. Copies of these forms are available from the school office.

Please ensure that the trip has been paid in full by the 28th February.

I'm sure the children will have a wonderful time.

Kind regards

Mrs Burns
Year 4 Class Teacher
On behalf of Winhills Primary Academy (Part of the DLPT)

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To Winhills Primary Academy, Off Duck Lane, St Neots PE19 2DX

Year 4 Residential Trip to Grafham Water 2nd – 4th March 2026

Child's name

*I will / *will not be able to take my child to the centre.

*I will / *will not be able to collect my child from the centre.

My child will be collected by

SignedParent/Carer

*Please delete as appropriate

PERMISSION FORM

To be completed by parents or guardians on behalf of the young person attending
and returned to the Group Leader.

School/ group name:			
Dates of visit:	From:	To:	
Name of child attending			
Address:			
Parent/Guardian name:			
Parent/Guardian contact numbers	Daytime number	Evening number	
Date of birth of child			
Medical information			
Doctor			
Doctors address			
Doctors telephone number	Daytime number	Evening number	
• Does your child have a rare blood group?	YES/NO	If yes, please state which group	
• Is your child allergic to any medicines?	YES/NO	If yes, please give details	
• Has your child been prescribed medication to take during your time at Grafham Water Centre?	YES/NO	If yes, please give details This medication should be handed to the Teacher in charge, together with the written dosage instructions.	
• Is there any other information concerning your child's health that you feel we should know about? e.g. sleepwalking, asthma, epilepsy, hay fever, diabetes, bed wetting		Please give details	
• Has your child had a Tetanus injection in the last 5 years?	YES/NO	Notes:	

DIETARY INFORMATION

Please indicate any special dietary requirements your child may have due to medical, religious or moral reasons.

PARENTAL DECLARATION

A parent or guardian must complete the following section if the student is under 18 years of age.

I undertake to inform the visit organiser or the Head Teacher as soon as possible of any relevant change in medical circumstances occurring before the journey.

In the case of accident or illness whilst away from home, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Please Note: We may occasionally take photographs or film young people involved in activities. These may be used in various publications, brochures or for TV.

Please tick the box if you **Do Not** wish your child to be included

INSURANCE ARRANGEMENTS

I agree that (I / **my son / daughter / ward**) will participate in a programme of activities which has been planned between Grafham Water Centre and the school.

I understand that the insurance of Cambridgeshire County Council covers all legal liability to all students on courses. Personal Insurance is provided for all Cambridgeshire County Schools on receipt of the deposit. Grafham Water Centre regrets that the insurance cover is not available to other organisations. Such organisations are strongly recommended to provide their own insurance for personal injury, loss of possessions or cancellation, which should take effect from the time of booking.

Signed:

**Parent or
Guardian**

Date:

Thank you for completing this form. Please return it to your Group Leader.

Getting to us couldn't be easier, with the A1 and A14 passing almost by our front door.

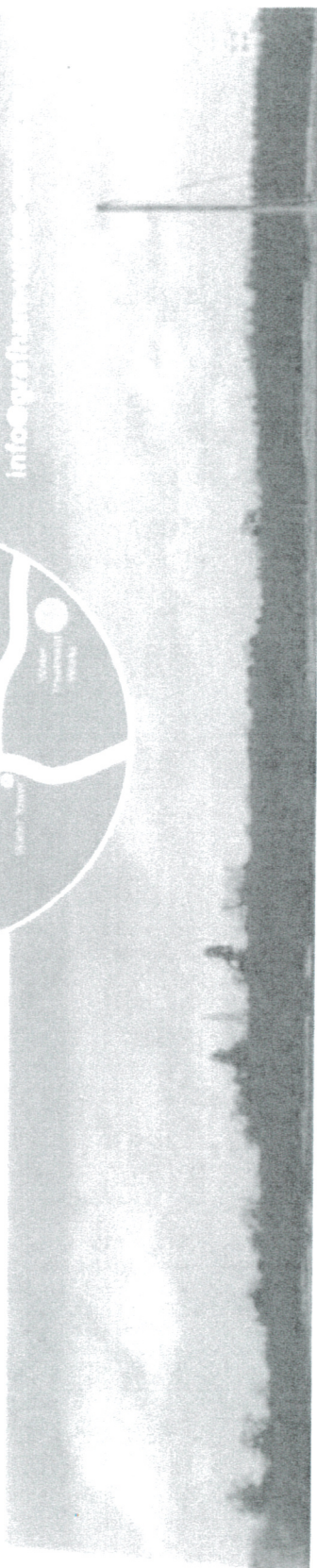
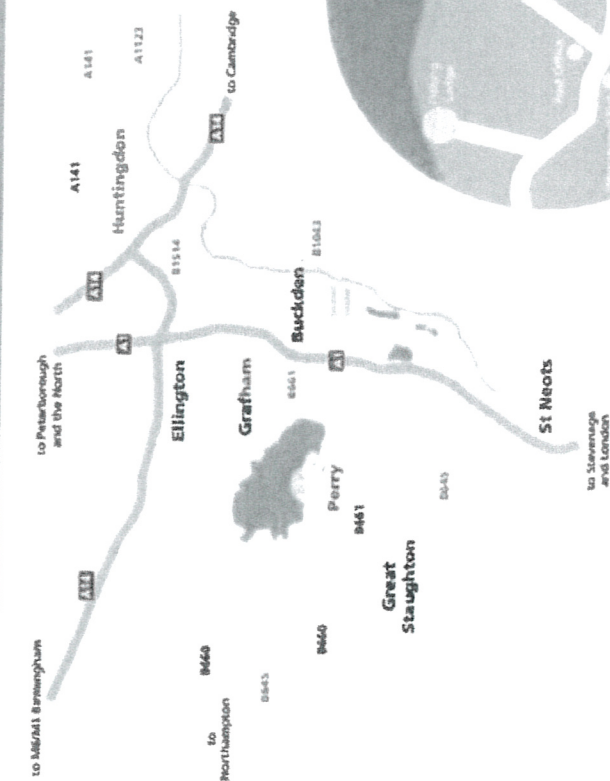
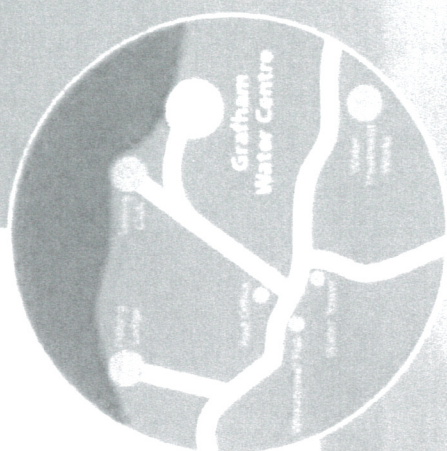
We are just an hour north of London and 30 minutes north-west of Cambridge.

All of our course dates and details can be found on our website or in our **course directory**.

To book a course or to find out more about our activities and facilities, call us or visit our website and use our 'Request a Booking' form.

Grafham Water Centre
Perry
Huntingdon
Cambridgeshire
PE28 0GW

01480 810521
info@grafhamwatercentre.co.uk





GWC
GRIFFIN WHITE CEMENT

Optional Kit

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Optional Kit

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