

### **KIT LIST FOR MORFA BAY**

The following is a guide of the kind of kit that you will require for an activity week at Morfa Bay. Several activities include getting wet or muddy:

- **one sleeping bag**
- **one pillow and pillowcase**
- one waterproof anorak or kagool/hat/gloves
- three or four warm sweatshirts/jumpers
- three or four pairs of tracksuit bottoms
- two or three pairs of shoes/trainers (one pair preferably old for assault course that can be thrown away)
- one pair of wellington boots
- shorts and t-shirts – at least 3 of each
- two large towels
- underwear/socks
- toilet bag and toiletries
- swimming costume (2 if possible)
- three or four bin liners
- plastic mug for hot chocolate and evening drinks

**NB: IT IS IMPORTANT FOR ALL CLOTHING TO BE LABELLED AS MORFA BAY CANNOT BE HELD RESPONSIBLE FOR ANY ITEMS LOST OR MISLAID. YOUR CHILD IS RESPONSIBLE FOR ANY ITEMS THAT THEY BRING WITH THEM.**

Children may bring books/magazines if wished. However, they are the responsibility of each individual and may only be used in cabins during recreation time, but are not to be brought on any activity.

**MEDICAL FORM FOR MORFA BAY**

**Child's Name .....**      **Date of Birth .....**

**Address .....**

.....

**Next of Kin .....**

**Contact Telephone Number .....**

**G.P.'s Name .....**

**Address .....**

.....

**Telephone Number .....**

**Any medication to be taken .....**

.....

**Any allergies .....**

**Any previous serious medical problems .....**

.....

**Tetanus cover: Yes/No**

**Dietary Requirements ( eg vegetarians) .....**

.....

**Any other relevant information (eg bed wetting) .....**

.....

**I hereby give permission for any medical/hospital treatment necessary for:**

..... **whilst at Morfa Bay**

**Signed .....**      **Parent/Guardian**

**Date .....**

Also see medication slips attached.
-------------------------------------

Andrew Marsh-Ballard  
01249-812608  
www.priestley.wilts.sch.uk  
admin@priestley.wilts.sch.uk



Priestley Primary School  
Prince Charles Drive  
Calne  
Wiltshire  
SN11 8TG

***'Placing learning at the heart of everything we do'***

**PLEASE COMPLETE EITHER, OR BOTH, OF THE SLIPS BELOW WHERE NECESSARY AND RETURN TO SCHOOL WITH THE MEDICAL FORM.**

### **INHALERS**

**Child's Name .....**      **Date of Birth .....**

Name of inhaler(s) .....

My child is able to administer his/her own inhaler. YES/NO

My child needs to be supervised administering his/her inhaler. YES/NO

Signed: .....  
Parent/Guardian

**INHALERS MUST BE CARRIED ON ALL ACTIVITIES**

---

### **ADMINISTRATION OF CALPOL**

**Child's Name .....**      **Date of Birth .....**

I give permission for my child to receive Calpol during their stay in Morfa Bay (should this be required). YES/NO

My child does not take Calpol, so I have provided .....  
for him/her to take (which is labelled and will be handed to Class Teacher).

Signed: .....  
Parent/Guardian