## **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. All jewellery must be removed before each activity and handed in for safe keeping to the adult in charge.

## 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.

Headteacher: Andrew Marsh-Ballard Telephone: 01249-812608 Fax: 01249-815573

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Priestley Primary School

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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 AI	L ACTIVITIES
ADMINISTRATION OF CAL	
Child's Name	Date of Birth
I give permission for my child to receive Calpol du (should this be required).	ring their stay in Morfa Bay YES/NO
My child does not take Calpol, so I have provided for him/her to take (which is labelled and will be ha	
Signed:Parent/Guardian	