



Roskear Primary and Nursery School

Learning together for a better future

Monday 15th April 2024

Dear Parent/Carer,

Re: Year Three Residential— Camp Kernow

We would like to invite you to a parent/carer meeting regarding this year's Camp Kernow Residential on **Wednesday 22nd April at 2.45pm in the hall.** During this meeting, we will provide you with important information regarding the trip as well as giving you the opportunity to ask any questions you may have.

In preparation for this trip, it is important for us to ensure that we have the correct, most up-to-date contact details for you so that we are able to contact you regarding any updates or in case of an emergency.

If your child requires **any** medicine to be administered on the trip, you **must** complete a 'Permission to administer prescription medication' form. Please note that travel sickness tablets will also need to be written on this form.

Please complete the attached form with **two** contacts and return to your child's class teacher no later than **Monday 29th April 2024.**

If you have any questions prior to the meeting, please do not hesitate to contact me.

Best wishes,

Mrs Tonkin - Phase 3 and 4 Leader.
(Trip Leader)

Roskear Primary and Nursery School
Roskear
Camborne
Cornwall
TR14 8DJ
Tel - (01209) 714241
Fax - (01209) 722394
Email - secretary@roskear.cornwall.sch.uk
Website - www.roskear.cornwall.sch.uk



affiliated school



Healthy Schools
CORNWALL





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Year 3 Camp Kernow

Emergency Contact Details

Child's name: _____

Class: _____

Contact 1:

Name of Contact: _____

Relationship to child: _____

Contact number: _____

Contact 2:

Name of Contact: _____

Relationship to child: _____

Contact number: _____

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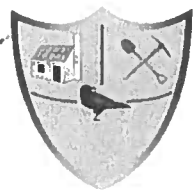


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Permission to Administer Prescription Medicine

Please ensure you use BLACK pen only

Camp Kernow 2024

Pupil name	
Class	
Date medication provided	
Name of medication	
Dose (how much and when)	
Last day/date medication is to be given	<i>Please be aware that without prescription, Calpol / Paracetamol cannot be administered for longer than 3 consecutive days</i>
Where is the medication to be stored? (e.g. fridge)	
Reason for medication	
Expiration date of medication	
Parent signature & Print	_____ By signing I understand that I am giving permission to staff at Roskear Primary School to provide my child with the medication detailed on this form
Staff Signature	