



School Rules: Be kind, be safe, be respectful

Mission Statement: 'Every child is known, every child belongs and every child is supported to achieve'

School Vision: 'Every day, every family, matters'

Year 6 Manor Adventure Information Meeting Monday 12th October – Friday 16th October 2026



Norfolk Lakes



The week

Departure: Monday 12th October

- **9:45am – 10am**
- Children to enter school through main reception (front gate).
- Adults to say goodbye to children outside of the office.
- Children to independently carry luggage into the hall.
- Children will need to bring a packed lunch to eat in school before departure unless they are in receipt of **pupil premium funding/ free school meals** then they will be provided with a cold packed lunch by school.
- **11:30am** departure time - approximately 2.30pm arrive Norfolk Lakes

Return: Friday 16th October

- Approximately 1.30pm depart Norfolk Lakes
- Approximately 4-4:30pm arrival at Bowmansgreen
- You will receive updates of our journey and ETA via text.

<i>The Centre:</i>	Manor Adventure Norfolk Lakes, Quarry Lane Lyng, Norfolk, NR9 5RS
<i>Staff:</i>	Including: Miss Snell, Mr Harris, Mr Garwood

We do not anticipate that you would need to contact the centre but in case of an emergency, the quickest way to get hold of us would be through the school office.

If this falls after school hours, then ring the centre on 01584 861333

Timetable

07.00	Rise and shine
07.30	Breakfast *
09.10 – 10.30	Activity Session 1
10.30 – 10.45	Break Time
10.45 – 12.15	Activity Session 2
12.15 – 14.00	Lunch Time *
14.00 – 15.30	Activity Session 3
15.30 – 15.45	Break Time
15.45 – 17.15	Activity Session 4
17.15-19.00	Evening Meal *
19.00 – 20.30	Activity Session 5
Bedtime	Decided by your Teachers
21:30	Main Building Closed & Locked

THE FOOD IS CHILD FRIENDLY, PLENTIFUL AND NUTRITIOUS

- Full cooked breakfast
- Substantial lunch
- Excellent cooked dinner
- Always plenty of choice
- Vegetarians, Vegans & special diets catered for

What you need to do

By Friday 2nd October 2026

- ☐ Fill out and bring in OV7A medical form
- ☐ Sign and bring in the Code of Conduct

This must have your child's NHS number filled in. These can be sent back in the same envelope to either the class teacher or the office.

Either outside the foyer or at the back gate, on Thursday 8th October at 3pm:

- ☐ Bring in labelled medication (if you would like to group together for a bottle of Calpol, this must be in writing from **all** parents involved.)
- ☐ Bring letters from home – labelled with child's full name, class and day to be handed to them at some point in the week.



FORM OV 7A (CSF4258)

EVENT-SPECIFIC PARENTAL CONSENT FORM

(This form should be amended as required to make it best fit for each specific event or purpose for which it is to be used.)

Establishment: Bowmansgreen Primary School

To be completed by visit leader/organiser

Visit:	Manor Adventure Residential Visit	
Visit Leader:	Mr J Garwood	
Date of Visit:	From: 09/10/23	To: 13/10/23
Is a photograph of participant required:	No	

To be completed by person with parental responsibility for the child/young person.

Child/Young Persons Full Name:

Date of Birth: **Passport No. (Not required)**

Does the above person:

- | | |
|---|-----|
| • Have a medical condition requiring medical treatment or medication? | Y/N |
| • Have an allergy to certain medications? | Y/N |
| • Is s/he able to administer her/his own medication? | Y/N |

Please give details of medical condition/treatments or allergies to medications below:

Has s/he received a tetanus injection in the last 5 years? Y/N

Has s/he been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N

If yes, give details:

Does s/he have any special dietary requirements? Y/N

If yes, give details:

I wish to draw the following to the visit leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):

Swimming Ability *

I confirm that _____ is / is not* water confident and able to swim 25 metres.

* Delete as applicable

HOME AND EMERGENCY CONTACT INFORMATION

(Must be contactable for the duration of the visit / activity)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day Evening: Other:	

FAMILY DOCTOR DETAILS

Name:	
Address:	
Telephone Numbers:	
Child / Young Person's NHS number:	

Declaration by person with parental responsibility for the child/young person.

- I have received and fully understood the details of the proposed visit/activity
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged
- I understand the extent and limitation of the insurance cover provided
- I agree that (full name of child/young person) _____
 - can participate in the visit and activities described
 - can be transported in the private vehicles of staff/volunteers supervising the visit where necessary
 - is in good health and fit to participate in the activities described
 - can receive medical treatment as necessary
- I undertake to inform the group leader of any change in medical circumstances prior to the activity date
- I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect. In the event that their behaviour is not acceptable, I acknowledge that it is my responsibility to make arrangements for them to be collected and cover any associated costs.

Permission for use of images of participants (optional)

I do / do not* (*delete as applicable*) give my permission for photographs and/or videos to be taken of my child for use in educational or youth work promotional materials and displays when required, with or without using their name.

Signed:	Name in Capitals:	
Relationship	Date:	
Where required, has a passport sized photograph been attached / provided		Not required

The information on this form should be retained by the establishment's emergency contact.

A copy may be taken by the visit leader on visits outside the UK.

**You must
include your
child's NHS
Number**

Code of Conduct

This is to be by both parent and child and returned in the envelope, as stated previously.

What does being kind look like?

Use kind words when speaking to adults and children.
Encourage and support others.
Be helpful and polite to everyone.
Wait your turn.
Keep your room and corridor tidy.
Tidy your table after eating.

What does being respectful look like?

Always do your best.
Listen to all instructions and advice from Bowmansgreen and Manor Adventure staff.
Listen when it is another person's turn to speak.
Ask for help when you need it.
Do not distract someone from an activity.
Stay in your own rooms and turn your light out when instructed by an adult.
Put all rubbish in the litter bins throughout the site.
Look after all your belongings and do not touch the belongings of others.
Use all equipment in the correct way and return it at the end of each session.
Be aware that people will feel differently to you during activities and respect this difference. *For example, some people may feel scared, anxious or confident. Whilst we will all be trying new things, do not pressurise people to do things they are not comfortable with.*

What does being safe look like?

Always tell the truth.
Think carefully and make sensible choices.
Follow instructions from Bowmansgreen and Manor Adventure staff after the first time of asking.
Wear your harness and helmet correctly and when asked.
Use all equipment as demonstrated by the instructors.
Stay with your group at all times and be on time for activities.
No unnecessary physical contact.
Seeking help as soon as there is a problem.
Only bring items on the 'Kit List'. Remember not to bring any food or electronic devices.

I agree to follow this Code of Conduct and always follow our three school rules.

I am aware that if I do not follow the rules, a consequence will be put in place.

If I bring items that are not permitted, they will be confiscated and returned to my parent/carer at the end of the visit.

At any point during the week, my parents/carers can be contacted and asked to collect me from the visit if my behaviour is not acceptable.

Child's name: _____ Child's signature: _____

Parent's/Carer's name: _____

Parent's/Carer's signature: _____

Date: _____

Kit List

Clothing – Clothes are likely to suffer wear and tear and also get very dirty and/or wet. Therefore, we recommend you bring several changes of old clothes for doing activities.

- ☐ At least seven t-shirts, including a few with long sleeves. *(Your arms will need to be covered to do some activities.)*
- ☐ At least six, fleeces and/or jumpers
- ☐ At least seven, trousers, leggings and/or jogging bottoms. *(Jeans are not permitted for any activity. Shorts are not required but must be below the knee if you decide to wear them.)*
- ☐ Waterproof jacket
- ☐ Underwear
- ☐ Socks *(Your socks will need to cover your ankles to do some activities.)*
- ☐ Pyjamas
- ☐ Warm hat and gloves
- ☐ Warm coat/jacket

Footwear

- ☐ One pair of shoes/trainers for inside activities
 - ☐ One pair of trainers for outdoor activities
 - ☐ One pair of trainers/aqua shoes for water sports
- You are not allowed to wear wellington boots, crocs, open-toed shoes or flip flops during the activities.*

Other Items

- ☐ Two towels (one for showering and an old one for activities)
- ☐ Reusable drinks bottle
- ☐ Small rucksack/bag
- ☐ Labelled bin bags for wet and dirty clothing
- ☐ Sleeping bag or duvet and pillow
- ☐ Torch
- ☐ Washbag and toiletries *(including hairbrush, toothbrush, toothpaste, soap, shampoo and roll on deodorant)*
- ☐ Hair ties *(All long hair must be tied up for activities.)*
- ☐ Books, playing cards and other quiet activities

Key Dates

By Friday 2nd October 2026

- OV7A (NHS number, swimming ability and carefully labelled medication)
- Code of conduct

Thursday 8th of October 2026 at 3pm

- Outside main entrance OR at the back gate
- Please bring and hand in medication, letters from home.