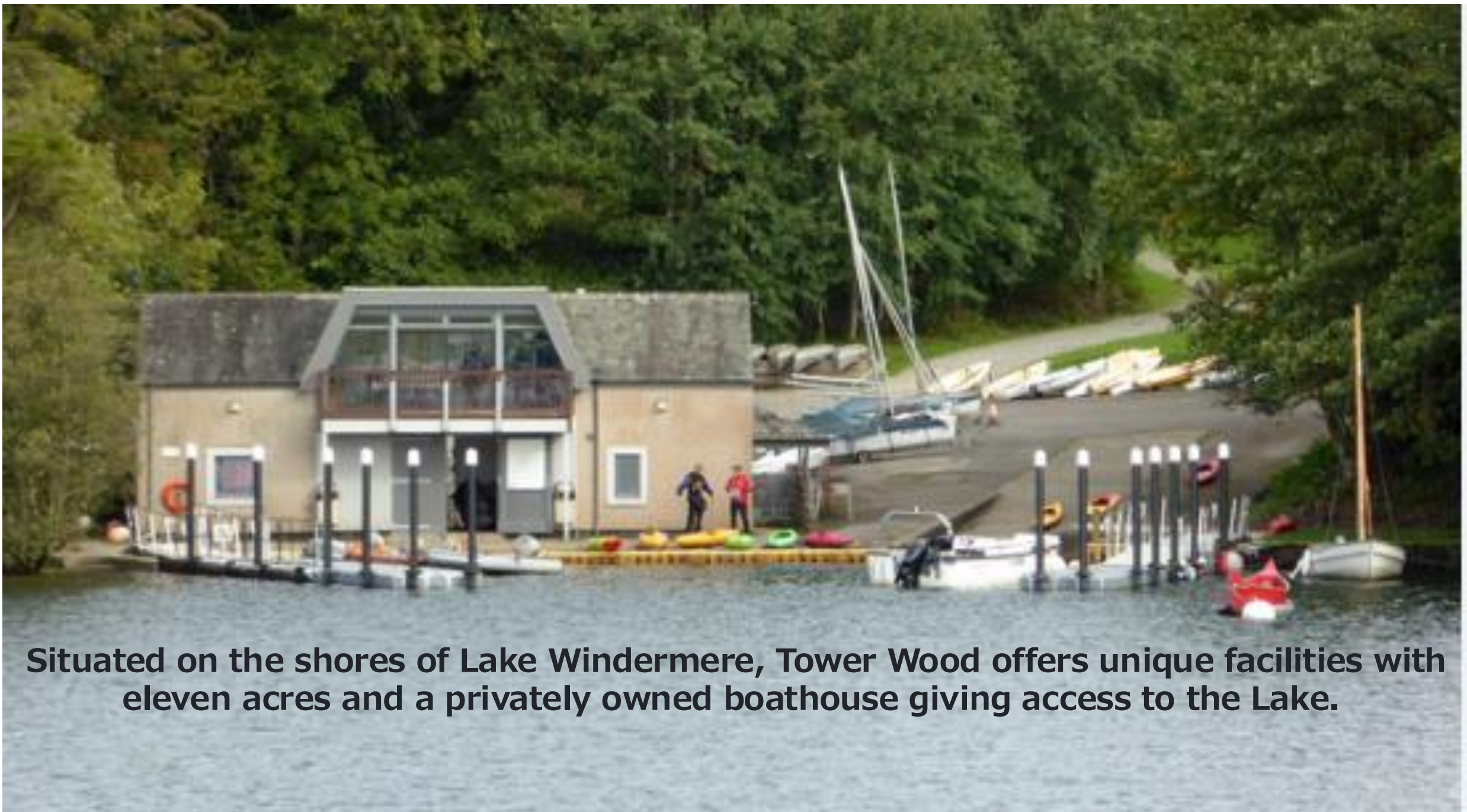


Tower Wood
2025
Year 5 and 6
residential





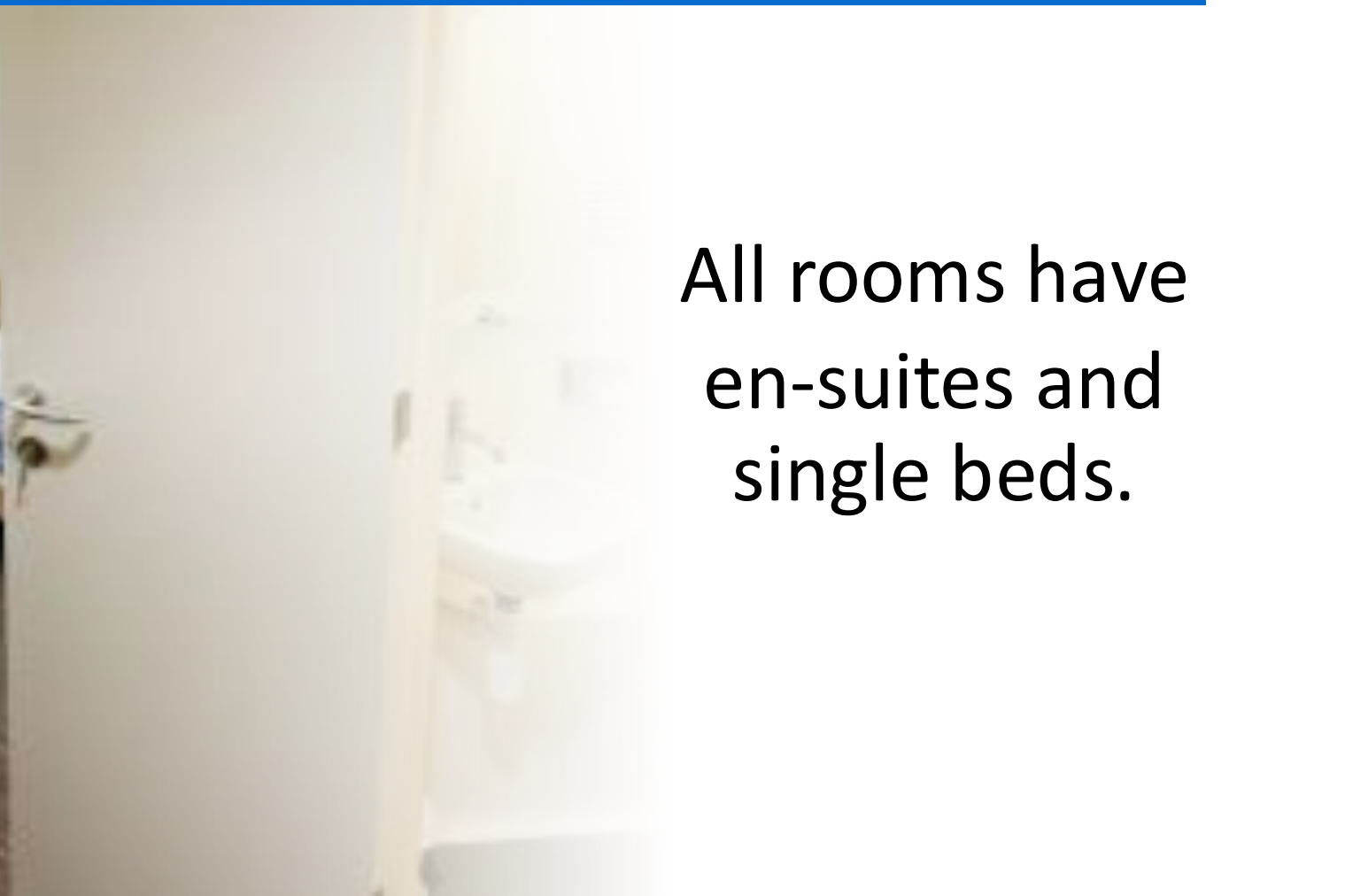
Situated on the shores of Lake Windermere, Tower Wood offers unique facilities with eleven acres and a privately owned boathouse giving access to the Lake.



Windemere Lodge Accommodation

Only our school will be in the house during the visit

Drying room and dining hall are all located in the house,
which is secured at night



All rooms have
en-suites and
single beds.



Catering



Catering

- **Tower Wood are able to cater for many special dietary requirements. All food is prepared and cooked by the friendly team of catering staff.**
- **a healthy and varied menu which normally includes a cooked breakfast with toast and cereals**
- **a packed lunch,**
- **a cooked evening meal and**



Activities

Trip Itinerary Example



| | Monday | | Tuesday | | Wednesday | |
|---------|---|-----------------|------------------------|--------------|---------------------|--|
| Group A | Arrival, move into bedrooms, site tour and fire drill | Problem Solving | Canoeing | Rocky Ramble | Climbing Challenges | Course Review, packed lunch, goodbyes and depart |
| Group B | | Problem Solving | Rocky Ramble/Hill Walk | Canoeing | Climbing Challenges | |
| | | | | | | |

Orienteering

Camp fire

Evenings Activities

Board games

Film night

Tower Wood....

- Is an amazing opportunity for children to:
- experience new activities,
- develop friendships further and make new friends,
- enhance leadership skills,
- become more independent
- and have FUN!

If you have Walking boots and Wellington Boots, please bring them with you. Otherwise, they will be provided for you.

Clothing

Clothes may get dirty and/or wet, therefore you should bring several changes of clothes for doing activities

- Tops and Jackets
 - T-shirts
 - Long sleeved shirt/T-shirts
 - Waterproof Jacket
 - Fleeces / Jumpers

- Trousers or Leggings
(not jeans as they get heavy and cold when wet)

- Underwear and Socks
(Socks will need to cover ankles to do some activities)

Footwear

- Pair of trainers for activities

- Pair of old trainers for water sports

Other Items

- Towel for after activities

- Reusable drinks bottle

- Small rucksack/Bag

- Labelled bin bag for wet and dirty clothing

Extra Items for Residential visitors

- 1 or 2 sets of clothes for the evening
 - Suitable nightwear
 - Pair of dry shoes for evening activities
 - Washbag including soap, shampoo, toothbrush, and toothpaste (please do not bring aerosols)
-

Arriving in the summer

- Shorts
- Baseball Cap
- Sunscreen

Arriving in the winter

- Warm coat
- Hat and gloves

Photography Consent Form for Parents/Carers

One form to be completed for each child under the age of 18 years



To be completed by School Employee:
School Name:

To be completed by Parent/Carer:

Name of person in images/video:
Date of birth of person in images/video:
Name of Parent/Carer:
Address:
Signature: Date:
Email:

Parent/carer consent for child under 18 years

Please tick appropriate permission(s):

- I consent to photographs/images of the child named on this form being taken by Lancashire County Council. I have no objection to photographs/images of the child named on this form being used for training and promotional materials by Lancashire County Council in print and digital media
- I consent to photographs/images of the child named on this form being taken by Lancashire County Council. I have no objection to photographs/images of the child named on this form being used for training and promotional materials by Lancashire County Council in social media. I acknowledge that images shared on social media are open to comment by the general public.
- I consent to video/audio being taken of the child named on this form by Lancashire County Council. I have no objection to video/audio of the child named on this form being used for training and promotional materials by Lancashire County Council in digital media.
- I consent to video/audio being taken of the child named on this form by Lancashire County Council. I have no objection to video/audio of the child named on this form being used for training and promotional materials by Lancashire County Council in social media. I acknowledge that video/audio shared on social media are open to comment by the general public.
- I consent to photographs/images/ video/audio taken on the child named on this form being shared with the partners listed on this consent form by Lancashire County Council. I have no objections to photographs/images/ video/audio being used for training and promotional materials by the partners listed above in print, digital media and social media. I acknowledge that video/audio shared on social media are open to comment by the general public.

You have the right to withdraw your consent at any time. You can do this by contacting us at outdoor.education@lancashire.gov.uk

Your consent will be subject to a review after 2 years. Upon expiry your consent for any further usage will be sought as required.

Parental/Carer Consent and Medical Information Form for Type B Educational Off Site Visits and Adventurous Activities

(This form is to be completed in full by the parent/carer and returned to the School/Service)

1. Details of Visit

Visit to: Tower Wood.....
From: 8/09/2025..... (date/time) To: 10/09/25..... (date/time)
Child's name: Date of Birth: Form/class:

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/daughter/ward taking part in the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/service with any medical information or changes to emergency contact details.

She is capable of swimming 25 metres unaided Yes/No



2. Emergency Details

a) I may be contacted by telephoning the following telephone number(s):
Home: { } Work: { }
Mobile Telephone no:
Name & Address:
.....
b) Please state an alternative contact point: - Telephone number: { }
Name & Address of Contact:
.....
Child's Health Service details: - Medical card number:
Family doctor (Name, address and telephone number):
..... { }

3. Medical Information

a) Does your child suffer from any of the following conditions?

| | | | |
|----------------|--------|-----------------------|--------|
| Asthma | Yes/No | Bronchitis | Yes/No |
| Chest Problems | Yes/No | Diabetes | Yes/No |
| Fainting | Yes/No | Migraine | Yes/No |
| Heart Trouble | Yes/No | Raised Blood Pressure | Yes/No |
| Tuberculosis | Yes/No | | |

If 'Yes', to any of the above, please provide details:

Any questions?

