

Felpham & Bognor Infants - Infant Agility



March 2024

Dear Year 1 Parent/Carers

We would like your child to take part in this event at The Arena on Wednesday 24th April 2024. This is an opportunity for the children to experience a large scale (Olympic style) event and is totally FREE as it is funded by the School Sports Premium money. All the children will take part in athletics activities.

Please could you drop your child direct to the Arena by 9.15 am on the 24th where they will be met by a member of staff. We have arranged for a coach to bring the children back to school later in the morning and in time for lunch. Please can you ensure they are wearing their PE kit - which they can stay in for the rest of the day - and have with them a bottle of water.

Please complete the attached consent form and return it together with the slip below. Please indicate whether you are happy for your child to be photographed during the session. Photographs may appear in local press or used for displays within the schools and settings involved.

Yours sincerely,
Miss E Court, PE Co-ordinator

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Infant Agility Morning - Wednesday 24th April 2024

Name of child Class

I am happy for my child to attend this event. I attach the consent form.

I am / am not happy for my child to be photographed during the session

Signature

PARENTAL CONSENT FORM

A journey to THE ARENA – INFANT AGILITY

On WEDNESDAY 24TH APRIL 2024



I wish my son/daughter _____ **(Full name)** to be allowed to take part in the above-mentioned school journey and, having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son, daughter arising during or out of the journey. *(Note: School Journey Insurance is automatically arranged with Chartis Insurance, through West Sussex County Council, for participating establishments.)*

Please advise the establishment of any changes to the medical information already provided. Delete or complete the following as appropriate.

My child has no illness, allergy or physical disability*
the following illness, allergy or physical disability *

.....
.....

* Cross out which does not apply

Date of Birth	/	/
Name of own Doctor:		
Doctor's Address:		
Doctor's Telephone Number:		

which necessitates the following medical treatment:.....
.....

I consent to any emergency medical treatment necessary during the course of the visit.

Signed Date
Parent/Guardian

Address:
HOME WORK
.....

Telephone No. HOME WORK

Mobile No..... Email

If not available at the above, please state an alternative contact:

Name: (relationship).....

Telephone No: Mobile No:

NOTE: Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including publication on the establishment's website please tick box: ☐

(All personal information will be processed in accordance with the provisions of the General Data Protection Regulation May 2018)