

Felpham & Bognor Infants - KS1 Event (Yr 2)



17th May 2024

Dear Year 2 Parent/Carers

We would like your child to take part in this event at The Arena during the afternoon of Tuesday 18th June 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.

We have arranged for coaches to take the children to the Arena after lunch. **Please can you collect your child from the entrance to the Arena at 2.30 pm.** They will need to come to school in their PE kit, which they will bring home the day before, and have with them a named water bottle. It may well be hot and sunny - if so, please apply sun cream before school and send your child with a sunhat. If someone else will be collecting your child on this day, please can you indicate this on the slip below. They will still need to bring in their bookbags which will remain in school until the following day.

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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KS1 Event - Tuesday 18th June 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.

I am / am not able to collect my child from the Arena at 2.30 pm and have arranged for
(name of person) to collect them instead.

Signature

PARENTAL CONSENT FORM

A journey to THE ARENA – KS1 Event

On TUESDAY 18TH JUNE 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

Parent/Guardian

Date

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:

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