



RED HOUSE SCHOOL

a foundation for life

20 January 2017

Dear Parents

Year 4-8 February Sports Camp - 13 - 17 February

We are going to run another multi-sports camp over the February half-term holiday. The camp will focus on sporting activities and the majority of the activities will be based at the Senior School site.

This will be aimed at pupils in Years 4-8 and will run from Monday 13 February to Friday 17 February inclusive. The purpose of this camp is to help keep pupils active, improve sports skills and spend time with friends.

Pupils attending the camp will be asked to meet at the Senior School at 9.00am on each day and to bring a packed lunch with them. Most activities will take place at School; however, some may take place off site but you will be notified in advance of this happening. Pupils will be ready for collection at 4.00pm. We are applying a daily rate of £28.00 or £125 for the full week. *After hours care will be available between 4pm until 5pm at an extra cost of £4 a day.*

If you are interested in your child attending this camp, please complete the attached form with the days you wish your child to attend and a consent form. Please return these, together with your cheque (payable to Red House School) to Miss Howell or the Prep & Senior School Office, no later than **Thursday 2 February**. It would be helpful if forms can be returned ASAP; this will allow us to book correct numbers for specific off site activities. The numbers for this camp are increasing significantly and places will be issued on a first come first served basis. More details of the daily arrangements will be made available once we have a firm steer on numbers and the overall viability of this initiative.

I am happy to answer any queries or questions that you might have at this stage so please do not hesitate to contact me at school if you wish to do so.

Yours sincerely

Miss Howell
Physical Education Department
emma.howell@redhouseschool.co.uk

Year 4-8 February Sports Camp – Monday 13 – Friday 17 February

Please tick which days you will be attending and attach a cheque corresponding to the dates.

Name: _____

Form _____

	Monday 13 February £28.00	Tuesday 14 February £28.00	Wednesday 15 February £28.00	Thursday 16 February £28.00	Friday 17 February £28.00	Whole Week £125.00
Attending						
After care 4pm-5pm £4						

PARENTAL CONSENT FOR SPORTS CAMP

Year Group:

1 Details of visit to:Half Term Sports Camp.....

From: 13 February 2017 Date/Time 9.00 – 4 or 5pm....

To: 17 February 2017..... Date/Time 9.00 – 4 or 5pm....

I agree to taking part in this visit and have read the information sheet.

I agree to participation in the activities described.

I acknowledge the need for to behave responsibly.

2 Medical information about your child:

(a) Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

.....
.....

(b) Please outline any special dietary requirements of your child

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.....

(c) Please indicate the type of pain/flu relief medication your child may be given, if necessary:

.....
.....

(d) Please give details of any other health/behavioural information which would be useful to the group leader:

.....
.....

For residential visits and exchanges only:

(e) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If yes, please give details:

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.....

(f) Is your son/daughter allergic to any medication? YES/NO

If yes, please specify:

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.....

(g) When did your son/daughter last have a tetanus injection:

.....
.....

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3 Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Contact telephone numbers:

Work: Home:

Home Address:

.....

Alternative emergency contact:

Name: Tel No:

Name of Family Doctor:

Tel No:

Signed: Date:

Full Name:

(In capital letters please)

**THIS FORM, OR A COPY, MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**