



RED HOUSE  
SCHOOL

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12 May 2017

Dear Parents

### **Year 4-8 May Sports Camp – Tuesday 30 May to Friday 2 June**

We are running another multi-sports camp during the May half term holiday. The camp will focus on sporting activities and is aimed at pupils in Years 4-8. It will run Tuesday 30 May to Friday 2 June. The purpose of this camp is to help keep pupils active, improve sports skills and spend time with friends.

Pupils attending the camp will need to meet at the P&S School at 9.00am on each day and to bring a packed lunch with them. Pupils will be ready for collection at 4.00pm.

The proposed itinerary is:

Tuesday - School Sports & Roseberry Topping walk  
Wednesday - Air Trail & Tees Barrage\*  
Thursday - School Sports  
Friday - Sports at the Beach

\*Pupils must be 8 years old and 1.2 metres tall to attend on Wednesday. This day also carries an extra £5 charge due to the costs involved.

We are applying a daily rate of £28.00 (£33 for Wednesday) or £100 for the full four days. *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 and the consent form and return to Miss Howell or the Prep & Senior School Office, no later than **Friday 19 May**. Please make your payment direct to the school bank, using the following information:

- Sort Code – 30-98-13
- Account Number – 01776186
- Bank – Lloyds Bank plc

Please ensure that you use an easily identifiable reference code, eg sports camp and your child's name. It would also be helpful if you could put the reference you use on the reply slip.

It would be helpful if forms can be returned as soon as possible. The numbers for this camp are increasing significantly and places will be issued on a first come first served basis. Priority for the more popular days and trips will be given to pupils attending a greater number of days. More details of the daily arrangements will be made available once we have a firm steer on numbers.

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

Yours sincerely

Miss Howell  
Physical Education Department  
[emma.howell@redhouseschool.co.uk](mailto:emma.howell@redhouseschool.co.uk)

**Year 4-8 May Sports Camp – Tuesday 30 May to Friday 2 June**

Pupil Name \_\_\_\_\_ Form \_\_\_\_\_

I have paid £ \_\_\_\_\_ by bank transfer using the code \_\_\_\_\_

Payment will be made using childcare vouchers - reference id MAY SC

Please tick which days your child will be attending.

	Tuesday 30 May £28.00	Wednesday 1 June £33.00	Thursday 2 June £28.00	Friday 4 June £28.00	All 4 Days £100
Attending					
After care 4pm-5pm £4					

# PARENTAL CONSENT FOR SPORTS CAMP

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Pupil Name: ..... Form .....

1 Tuesday 30 May – Friday 2 June

Time 9.00am – 4/5pm

I agree to ..... taking part in camp 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

.....  
.....

(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:

.....  
.....

(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:

.....  
.....

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

If yes, please specify:

.....  
.....

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

.....  
.....

3 **Declaration**

I will inform the Group Leader/Headmaster as soon as possible of any changes in the medical or other circumstances.

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 ANY VISIT.  
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**