



RED HOUSE  
SCHOOL

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27 April 2018

Dear Parents

**Year 4-8 May Sports Camp – Tuesday 29 May to Friday 1 June 2018**

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 29 May to Friday 1 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 9am on each day and to bring a packed lunch with them. Pupils will be ready for collection at 4pm.

We are applying a daily rate of £28 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 either School Office, no later than **Friday 11 May**. Please make your payment direct to the school bank, using the following information:

- o Sort Code – 30-98-13
- o Account Number – 01776186
- o 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.

Places will be issued on a first come first served basis and priority for the more popular days and trips will be given to pupils attending the greatest 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

**Mr S Haywood**  
**Head Nursery & Infant**

**Year 4-8 May Sports Camp – Tuesday 29 May to Friday 1 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 sessions your child will be attending.

	Tuesday 29 May £28	Wednesday 30 May £28	Thursday 31 May £28	Friday 1 June £28	All 4 Days £100
Attending					
After care 4pm-5pm £4					

# PARENTAL CONSENT FOR SPORTS CAMP

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Pupil Name: .....

Form .....

1 dates required

.....

Time 9am – 4pm or 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: .....,.....

Mobile: .....

Home Address:

.....

Alternative emergency contact:

Name: ..... Tel No: .....

Relationship to child: .....

Name of Family Doctor: .....

Tel No: .....

Signed: ..... Date: .....

Relationship to child .....

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.**