



**RED HOUSE
SCHOOL**

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8 June 2018

Dear Parents

Years 2-8 Summer Sports Camp 9 July – 4 September 2018

We are going to run another multi-sports camp over the summer holidays. 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 current Years 2-8 and will run for the summer holiday – Monday 9 July to Tuesday 4 September (excluding August Bank Holiday Monday). 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 8.30am each day and to bring a packed lunch with them. Activities will take place at School but some may take place off site but you will be notified in advance of this happening. Pupils will be ready for collection at 4pm.

The daily rate is £28 or £125 for booking a full week (ie Monday to Friday). After hours care will be available between 4pm until 5pm at an extra cost of £4 a day.

Please complete the attached forms and return to Mr Haywood no later than Friday 22 June.

Please pay direct to the school bank, using the following information:

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

Please ensure 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.

Please return forms as soon as possible; 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 the final numbers.

Please do not hesitate to contact me if you have any queries.

Yours sincerely

Mr S Haywood
Head N&I School
simon.haywood@redhouseschool.co.uk

Summer Sports Camp 9 July – 4 September 2018

Please tick which days you will be attending and complete the consent form.

Name _____ Form _____

Bank Reference _____

	Monday 9 July £28.00	Tuesday 10 July £28.00	Wednesday 11 July £28.00	Thursday 12 July £28.00	Friday 13 July £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Monday 16 July £28.00	Tuesday 17 July £28.00	Wednesday 18 July £28.00	Thursday 19 July £28.00	Friday 20 July £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Monday 23 July £28.00	Tuesday 24 July £28.00	Wednesday 25 July £28.00	Thursday 26 July £28.00	Friday 27 July £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Monday 30 July £28.00	Tuesday 31 July £28.00	Wednesday 1 Aug £28.00	Thursday 2 Aug £28.00	Friday 3 Aug £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Monday 6 Aug £28.00	Tuesday 7 Aug £28.00	Wednesday 8 Aug £28.00	Thursday 9 Aug £28.00	Friday 10 Aug £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Monday 13 Aug £28.00	Tuesday 14 Aug £28.00	Wednesday 15 Aug £28.00	Thursday 16 Aug £28.00	Friday 17 Aug £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Monday 20 Aug £28.00	Tuesday 21 Aug £28.00	Wednesday 22 Aug £28.00	Thursday 23 Aug £28.00	Friday 24 Aug £28.00	Whole Week (Mon- Fri) £125
Attending						
After care 4pm-5pm £4						

	Tuesday 28 Aug £28.00	Wednesday 29 Aug £28.00	Thursday 30 Aug £28.00	Friday 31 Aug £28.00	Whole Week (Tue- Fri) £111
Attending					
After care 4pm-5pm £4					

	Monday 3 Sept £28.00	Tuesday 4 Sept £28.00
Attending		
After care 4pm-5pm £4		

PARENTAL CONSENT FOR SPORTS CAMP

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.**