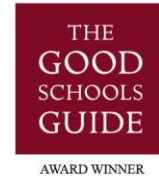




Headteacher: **Mr J Grant**
Sackville School, Lewes Road, East Grinstead,
West Sussex RH19 3TY
Tel: 01342 410140 Fax: 01342 315544
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www.sackville.w-sussex.sch.uk



September 2017

Dear Parent/Carer

Your child has expressed an interest in participating in after school sport. Over the course of the school year, this will involve travelling on a minibus to training and/or to compete in fixtures against other schools. Legislation now requires that we gain parental permission to allow this to take place.

If you are happy for your child to participate in this way, would you please complete the attached parental consent form and **return to the PE department as soon as possible**.

Should you need to contact your child in the case of an emergency, a member of the Senior Leadership Team (usually Mr Keeble, the school's Educational Visits Coordinator) will have the contact number of the lead teacher at the fixture. Obviously we ask you to restrict such calls to emergency situations only:

The school emergency number for after school hours is: 07801 480762

The West Sussex PE Association requires that all students involved in rugby must wear a mouthguard. In hockey the students must wear shinpads and use a mouthguard. In football all students must wear shinpads.

Your child will be notified of the fixture at least a week in advance through a team sheet on the notice board. There will be occasions when cup fixtures will come up and notice will be short, so please ensure we have your email address to forward any such urgent information. A full fixture list is published on the website and is updated regularly.

Yours sincerely

Mrs L Richards
Curriculum Leader of Girls' PE

Mr A Currie
Curriculum Leader of Boys' PE





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SACKVILLE SCHOOL PARENTAL CONSENT FORM – PE DEPARTMENT

Name of student (please print) _____ Form _____

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 child arising during or out of the journey.

I consent to any emergency medical treatment necessary during the course of the visit

I consent to staff administering paracetamol/ibuprofen if required

I consent to my child travelling to fixtures and training by minibus

IMPORTANT - If there are any additions or changes to your child's medical notes which are held at school, please inform the school as soon as possible.

Signed (Parent/Carer) _____ Print name _____

Emergency contact number _____ Email address _____

Alternative contact details:

Name (please print) _____ Telephone number _____

Note: Photographs may be taken that include your child. If you **do not** wish such pictures to be used for normal publicity purposes, including publication on the school's website, please tick box

If your child has any illness, allergy or physical disability that you would like to highlight to the PE department, please give details and the necessary medical treatment below:

