

Thameside Primary School
Manor Road
Grays
Essex
RM17 6EF
Tel: 01375 372188
Email: office.tps@stcleres.coop
Website: www.thamesideprimaryschool.com



Our strength is our difference

Head Teacher: Mr J Fish

9th October 2017

Dear Parents/Carers,

Year 5/6 High Five Netball

Thameside B team vs Giffards on Thursday 19th October away

There is no cost involved although the children will need water or squash to keep them hydrated. If your child requires an asthma pump then please ensure that they bring it with them to the match.

We will provide the pupils with a top and a skirt or a pair of shorts, but they must have white socks and trainers or plimsolls in order to take part. We will be back at school at approximately 4.30pm.

If there is a problem with any of the above items then please do not hesitate to contact us in the PE department.

If you would like your child to attend then please fill in the slip overleaf

Yours sincerely

Mrs R Lockwood



Working in Partnership with Co-operative Academy Trust



St Clare's Co-operative Academy Trust is registered at
Companies House, Cardiff
Registered Company No. 7703865
www.stcleres.coop

I would like my son/ daughter to be included in the Netball match they have been selected for on Thursday 19th October.

I agree to authorise members of staff during the course of the activity to approve such medical treatment for my child as deemed necessary in an emergency or on the advice of a qualified medical practitioner, if I cannot reasonably be contacted in time. (If for religious reasons you are unable to sign this authorisation please contact me as soon as possible so an alternative authorisation slip may be provided.

I have written overleaf any medical conditions from which my child is suffering, together with details of the treatment required.

Signed;parent/guardian

Name of Student:.....tutor group:.....

Telephone number:.....

I can help with transport: Yes/NoN/A.....

Form of Consent

Activity:	Netball Match away vs Giffards		
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Dates:	19 th October 2017	Child's Name:	
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Medical conditions/history and other relevant information on the student (continue on separate sheet if necessary)

Signed: (Parent/Guardian)		Date	
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Name: (block capitals) (Parent/Guardian)	
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Address & phone number (please include mobiles)	
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Alternative Emergency Contacts:	Name	Contact Number	Alternative Number
(to be used during the visit in an emergency only)			