

September 2018

Dear Parent or Carer

Re: Year 9 Boys Rugby Tournament

On Thursday 27th September your son has been selected to represent Central Lancaster High School for Rugby at Blackburn RUFC.

We will leave school at 11.30am travelling by school mini bus and be back at school at approximately 4.15pm. Once at the event students will take part in rugby matches versus other schools.

Students will need to bring a packed lunch – if they are entitled to a free meal and you wish to order a school lunch then please indicate on the reply slip. Students must wear their school PE kit and trainers or boots for the visit and are advised to bring water and sun cream if the weather is warm. Pupils will be able to get changed at break time. Staff will have with them the school mobile; should you wish to make contact – **07806789390**.

There is no charge for attending this event.

Please complete the consent form below and return as soon as possible if you wish your son to take part in the fixture. Your son will not be allowed to take part if they do not return their reply slip.

Copies of written Risk Assessments for the activities are available on request from the Visit Leader. For the visit and journey to be a valid and safe educational experience, sensible active involvement is required from all participating children. It is important that parents/carers contact us prior to the visit if there has been any recent illness of which the Visit Leader should be aware. Parents/carers should provide the school with any updated medical information and any changes to emergency contact numbers.

Lancashire County Council's insurance arrangements do not cover personal accident, or loss/damage to personal items.

Please complete the attached consent form and return to school by Wednesday 26th September 2018.

If you have any concerns with regard to this letter, please contact me at school – 01524 32636.

Yours sincerely,



Mr R Kay
PE Department



Consent Form – Year 9 boys Rugby

Visit to:	Blackburn RUFC 27 th September 2018
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Parent /guardian to complete below.

Child's Name	Date of Birth	Form
Address		
Emergency Contact Details – Please provide two contacts		
1. Name and relationship to child	Contact No.	Alternative No.
2. Name and relationship to child	Contact No.	Alternative No.
Additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc.) which may affect him /her during the visit:		
Free school meal required? (please circle) Yes / No		

Declaration by Parent/Carer:

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

Signature of Parent/Carer Date.....

Name of parent/carers in block letters:

Note: completed form to be returned to Mr Kay (PE Dept)