

# St Mary's Catholic High School, Leyland

Royal Avenue, Leyland, PR25 1BS

Headteacher: Mr P. Thompson

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14<sup>th</sup> March 2022

Dear Parent / Carer,

Your child has been chosen to take part in the Inter-house Swimming Gala. The event takes place on **Friday, 25<sup>th</sup> March at Leyland Leisure Centre**, during school time. Pupils are walked up to the leisure centre from school at 11:40pm and are free to walk home or be picked up from the centre at 2:55pm or return to school for a bus. It is important that the reply slip and the medical form on the reverse is returned to a member of the P.E. staff otherwise your child will not be permitted to take part.

If you have any concerns, please feel free to contact the P.E. Department at school on 01772 421909.

Yours sincerely,

P. Riley  
Teacher of P.E.

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Please return to the P.E. Department

Pupil's name: \_\_\_\_\_ Form: \_\_\_\_\_

(Please ✓ as appropriate)

- I give permission for my child to take part in the Swimming Gala on Friday, 25<sup>th</sup> March.
- I give permission for my child to walk to the leisure centre and be released at 3:00pm to make their own way home.
- My child is capable of swimming 25 metres unaided.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Parental/Carer Consent and Medical Information Form

## for Type A Educational/Off-Site Visits

(This form is to be completed in full by the parent/carers and returned to the School/ Service)

### Details of Visit:

Visit to: **Leyland Leisure Centre**.....

Alternative Activity (Plan B): Remain in school on timetabled lessons.....

From: Friday, 25<sup>th</sup> March 2022 (11:40 am).. (date/ time) To: Friday, 25<sup>th</sup> March 2022 (14:00pm)..... (date/time)

Child's name: ..... Date of Birth: ..... Form/class: .....

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/service with any medical information or changes to emergency contact details.

### Emergency Details:

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

### Other Information:

Please supply any 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 in this visit:

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### 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 have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- 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.....

(N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carers in block letters: .....

Address:

.....

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**Note: This Completed Form to be returned to the School/Service.**

**In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.**