

Whitstable Junior School

Oxford Street, Whitstable, Kent, CT5 1DB

Tel: (01227) 272385

Headteacher: Mrs. Annie Knoupe BA (Hons) PGCE

e-mail: manager@whitstable-junior.kent.sch.uk

29th April 2019

Dear Parent/Carer

Your child has been selected to attend a Yr 3/4 Sports Hall Athletics Competition hosted by the School Games team at Herne Bay High School on **Wednesday 8th May** from 1.30 pm - 4.30pm. Please ensure that your child has plenty to drink for the duration of the afternoon and suitable footwear/clothing for this event.

The children will be transported to the competition on the minibuses and Mr Kidd and I will accompany them there. You can either collect them from Herne Bay High at 4:30pm, or back at school at approximately 4:45pm. Please indicate your preference on the reply slip below.

Could you please complete the form below agreeing for your child to be involved in this event, confirming travel arrangements and also in the case of a medical emergency.

Thank you

Mr Peal

PE Co-Ordinator

.....
Lower School Sports Hall Athletics – 8th May 2019

I wish my son/daughter..... from(school) to take part in the Yr3/4 Sportshall Athletics Competition on Wednesday 8th May

Please circle your preference, I will pick my child up from Herne Bay High at 4:30/WJS at approx. 4:45

| |
|---|
| Child's Date of Birth: |
| Name of child's Doctor: |
| Doctor's Tel No: |
| My son/daughter has (please tick); <input type="checkbox"/> No illness, allergy or physical disability <input type="checkbox"/> The following illness, allergy or physical disability: <ul style="list-style-type: none">• Which necessitates the following medical treatment: |

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

I give permission for my child to be photographed and videoed by school/newspaper photographers (please delete as appropriate) **Yes / No**

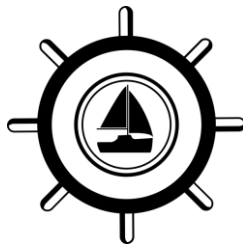
SIGNED..... DATE.....
Parent/Guardian

Home Tel No.....Work.....Mobile.....

If not available at the above, please state an alternative contact

Name Tel. No.....





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