

# Tudor Grange Samworth Academy

## A Church of England School



Thursday 14<sup>th</sup> September 2017

Dear Parent/Carer

I am excited to inform you that your child has been selected to take part in the Leicester School Sport and Physical Activity Network's **HEALTH AND WELLBEING FESTIVAL** on Wednesday 20<sup>th</sup> September from 9am-12pm.

*'The festival involves children completing a circuit of different physical and theory based activities including food tasting and change for life games and provide opportunities to explore and develop key FUNdamental movement skills including agility, balance and co-ordination (ABC's).'*

**What to bring:** Please ensure your child comes to school for 8:15am wearing their full PE Kit. We will arrive back at school in time for lunch. Please can you also ensure that your child brings with them their full school uniform so that they can change into it when we return and an extra drink of water.

Finally, please can you fill in and return the attached consent form and return it to your child's class teacher or to myself as soon as possible.

Thank you for your on-going support.

Mr Collins

Primary PE Team

Trenant Road Leicester LE2 6UA

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## PARENTAL CONSENT FORM

**School/ Group: Tudor Grange Samworth Academy-PRIMARY**

**LSSPAN Health & WELLBEING FESTIVAL- Crown Hills Community College**

From: Date/Time:

**Wednesday 20<sup>th</sup> September 8:15**

To: Date/Time:

**Wednesday 20<sup>th</sup> September 12:00**

I agree to my child .....  
leaving the school premises whilst supervised by a member of staff.

### **2. Medical Information about your child**

a) Any conditions requiring medical treatment, including medication? YES/NO  
If yes please give brief details:

b) Any special dietary requirements: YES/NO  
If yes please specify:

### **Contact Telephone Numbers**

Home:

Work:

Home Address:

Alternative emergency contact  
Telephone number:  
Name & Address:

Name of family doctor:  
Telephone number:  
Address:

Signed:

Dated:

Full name (capitals):