

# Tudor Grange Samworth Academy

A Church of England School



26<sup>th</sup> February 2018

**Intercollege Football Tournament**  
**3.30pm – 5.30pm at Aylestone Park Football Club**

Dear Parent/Carer,

I would like to invite your child to represent the academy in a Football Tournament at Aylestone Park Football Club on **Tuesday 20th March**.

The tournament will take place **3.30pm** and finish at approximately at **5.30pm**.  
Please feel free to come and watch the tournament as the students will really enjoy your support.

**Students should ensure that they bring:**

- Their full PE kit including shin pads.
- A warm jacket to wear between matches.
- Plenty of water.

**Games will be played on the astro-turf pitch (3G) so please ensure your child has appropriate footwear (trainers/moulded studs or blades).**

**Students must be collected from Aylestone Park Football Club at 5.30pm. If you give your child permission to walk home after the event, please state this on the attached consent form.**

Please complete and return consent form as soon as possible.

Yours sincerely,

**Mr M Oldershaw**  
Curriculum Lead of PE

Trenant Road Leicester LE2 6UA

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<b>PARENTAL CONSENT FORM FOR A SCHOOL VISIT</b>		
<b>School Group:</b> Intercollege Football Tournament		
<b>Destination:</b> Aylestone Park Football Club		
<b>From - Date/Time:</b> Tuesday 20 <sup>th</sup> March at 3.30pm	<b>To - Date/Time:</b> Tuesday 20 <sup>th</sup> March at 5.30pm.	
I agree to my child ..... taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described.		
<b>2. Medical information about your child</b>		
a) Any conditions requiring medical treatment, including medication? YES/NO If yes please give brief details:		
b) Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:		
c) Is your son/daughter allergic to any medication? YES/NO If yes please specify:		
<b>3. Declaration</b>		
I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.		
<b>Contact Telephone Numbers</b>		
<b>Home:</b>	<b>Work:</b>	
<b>Home Address:</b>		
<b>Alternative emergency contact:</b> Tel Number: Name & Address:	<b>Name of family doctor:</b> Tel Number: Name & Address:	
<b>Signed:</b>	<b>Legal Parent/Guardian</b>	<b>Dated:</b>
<b>Full Name (<i>capitals</i>):</b>		
I give my child permission to walk home: <input type="checkbox"/>		