

# Tudor Grange Samworth Academy

A Church of England School



21<sup>st</sup> May 2018

**Year 4, 5 and 6 Tri Golf Tournament**  
**1.15pm – 2.45pm at Kirby Muxloe Golf Course**

Dear Parent/Carer,

I would like to invite your child to represent the academy in a Tri Golf tournament for Year 4, 5 and 6 at Kirby Muxloe Golf Course on **Friday 25<sup>th</sup> May**.

The bus will leave Tudor Grange at **12.45pm**, returning approximately at **3.15pm** dependant on traffic.

**Students should ensure that they bring:**

- **Their full PE kit.**
- **Plenty of water.**
- **Sun cream and a hat as it may be very hot.**
- **Warm clothing if the weather is cold.**
- **Appropriate footwear is essential due to the games being played outside.**
- **A packed lunch.**

If your child is entitled to free school meals a packed lunch will be provided.

**Students must be collected from school as normal. 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 B Palmer**  
PE Teacher

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<b>PARENTAL CONSENT FORM FOR A SCHOOL VISIT</b>		
<b>School Group:</b> Tudor Grange Samworth Academy		
<b>Destination:</b> Kirby Muxloe Golf Course		
<b>From - Date/Time:</b> Friday 25 <sup>th</sup> May at 12:45pm	<b>To - Date/Time:</b> Friday 25 <sup>th</sup> May at approx. 3.15pm	
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 alone (Years 5 & 6 Only): <input type="checkbox"/>		
I will be collecting my child from the school at 3.15pm: <input type="checkbox"/>		
If your child is entitled to a free school meal please indicate if they will require a packed lunch: Yes <input type="checkbox"/> No <input type="checkbox"/>		