

3rd November 2017

Re: Parental Consent Form for Extra-Curricular PE Fixtures 2017/2018

Dear Parent/Carer,

During your child's time at Corby Technical School they may be selected to participate in sporting events, PE fixtures, matches or performances. Students are given details of these prior to the event to share with their parents/carers. Details of upcoming fixtures will be available on the school website and will also be shared via our twitter feed @ctscorby.

Inter-school fixtures are a valued part of the enhancement opportunities available at Corby Technical School with the aim of not only increasing opportunities for the students to develop in an activity but also to develop their character.

In accordance with Northamptonshire County Council recommendations, we require your **annual consent**, (by completing the information below it allows your child to take part in fixtures during this academic year and to seek medical treatment in the event of any emergency) emergency contact details and any relevant medical information in relation to all students attending any event. Please complete all parts of the slip below and return to school reception. Completion of this means we will not need to seek permission for each fixture your child attends. Please note that if any of the information provided changes during the academic year, including you wishing to withdraw your permission, you must notify the school at the earliest opportunity.

If you have any questions please do not hesitate to contact Mr Rogers on 01536 213100 or drogers@corbytechnicalschool.org

Yours sincerely,



Mrs A Reynolds,
Principal

STUDENT NAME _____ FORM _____

I acknowledge receipt of and understand the information regarding extra-curricular fixtures and give my consent for my child to attend both at school and off site. I am in agreement that staff may give permission for my child to receive medical treatment in an emergency.

Please indicate if your child has a medical condition which may require specialist attention in the event of an emergency e.g. diabetes, epilepsy, severe asthma, severe allergic reaction.

Parent/Guardian name _____

Parent/Guardian signature _____ Date _____

Emergency Contact Telephone Number _____

Medical Conditions _____