

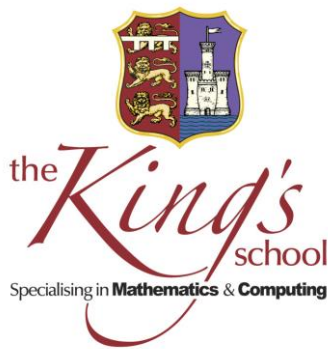
The King's School

Mill Hill Lane
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Headteacher

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Pontefract
Academies Trust

3 October 2016

Dear Parent/Carer

At The King's School we are proud of the range of extra-curricular activities and sports offered to our students both during and after school, and of the successes our students have had in these areas.

We encourage all our students to develop new interests and to be physically active. These activities give the students the opportunity to work with others, experience teamwork and, in the case of sport, healthy competition. In addition to clubs, students have the chance to represent the school in friendly fixtures as well as town and area leagues and county competitions.

Your son/daughter has been advised of which clubs and activities are available when they started the new academic year. The school will endeavour to give at least 24 hour notice prior to any activity occurring out of school. However, **in order to enable your son/daughter to participate in their chosen school activities and/or sports, please complete the attached reply slip and medical consent form.**

We should be grateful if you would advise us of any subsequent changes of detail so that we can keep our records up-to-date. Should there be any activities that you would prefer your son/daughter not to take part in, please specify on the form.

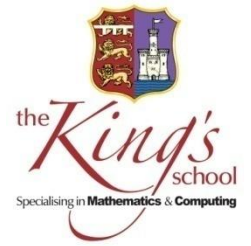
Yours faithfully

S Banks (Mr)
Assistant Headteacher

sp/sb/0085

Central to the values of The King's School is a commitment to the safeguarding and protection of young people.





PARENTAL CONSENT

FOR EXTRA-CURRICULAR ACTIVITIES

Student's Name		Tutor Group	
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I give permission for the above student to take part in extra-curricular activities and sport at The King's School and at away fixtures.

Please identify below any extra-curricular sport/activity you do not wish your son/daughter to participate in:

MEDICAL INFORMATION ABOUT YOUR CHILD

- Any conditions requiring medical treatment, including medication (please tick)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- If yes, please give brief details

- Any special dietary requirements

- The following medication may be given if necessary

Paracetamol	<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>	Piriton	<input type="checkbox"/>
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- Is your son/daughter allergic to any medication

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- If yes, please give brief details

- When did your son/daughter last have a tetanus injection?

I will inform the school as soon as possible of any changes with regards to medical or any other relevant information

Signed		Date	
Full Name (capitals)			
Email Address			
Mobile Number			