

16 November 2021

Dear Parent/Carer,

RE: Consent for all sporting fixtures and PE activities

This form covers all offsite sporting fixtures and PE activities while the student is on roll at St Mark's Academy. It must be signed by someone with parental responsibility for the student.

Please sign and date this form confirming you are happy for your child;

- To take part in school trips and activities that take place off the Academy premises; and
- To receive mild pain relief (paracetamol); and
- To receive emergency medical treatment, if required.

Please note the following important information before signing this form;

- The trips and activities covered by this consent include:
 - All non-residential sporting visits inside and outside normal Academy hours;
 - All adventure activities, that are deemed higher risk, such as; swimming, rock climbing etc.;
 - Off-site sporting fixtures during and outside of the Academy day;
 - Travel; on foot, by Academy minibus, by public transport, or by private coach.
- All information regarding individual sporting fixtures are detailed on team sheets that will be made available to the students 2 weeks prior to a fixture where possible.
- You can inform the Academy if you do not want your child to take part in a particular fixture or sporting activity.

Data Protection

Sometimes the Academy is required to share personal data with another organisations for administration, health and safety, or legal reasons. Data sharing will be governed by GDPR regulations.

Medical information and contact details

All medical information and contact details are held securely on our Academy SIMS database. It is your responsibility to review this data regularly and update it accordingly.

By signing this form, you confirm that you will ensure your contact details and the student's medical information is kept up to date.

Yours faithfully,



Mr A Rutledge
Head of PE

Principal Hannah Fahey

All sporting fixtures 2021/2022

Please return to **your Coach** by **16 December 2021**

I give permission for my child to participate in the trip/event on the date stated above.

Student Full Name: **Coaching Group:**

Additional Information:

Parent Signature: Date:

Emergency Contact Number:

Medical Conditions/Allergies:

Information regarding individual fixtures will be communicated via team sheets handed to students.