



HIMBLETON CE FIRST SCHOOL AND NURSERY
NEIGHT HILL
HIMBLETON
DROITWICH
WORCS
WR9 7LE
Telephone: 01905 391231
www.himbleton.worcs.sch.uk
EXECUTIVE HEADTEACHER: Mr S Payne

5th October 2018

Dear Parent

Year 4 Avonbrook Cluster Football Tournament Wednesday 10th October 2018

On Wednesday 10th October 2018 our Year 4 children have been invited to take part in a cluster Football Tournament to be held at Inkberrow Football Club. They will be playing against pupils from other cluster first schools feeding into St Nicholas Middle School.

The team will be accompanied by Mrs Hedges and Mrs Griffiths. They will be transported by coach, together with pupils from Pinvin First School, Crowle First School and Upton Snodsbury First School. The tournament will finish at approximately 12.15pm and the children will arrive back at school in time for lunch.

The children will **need to come to school ready dressed in their school PE kit** - which will be sent home on Tuesday 9th October – Football boots or appropriate trainers for wet/dry weather and grass conditions should be worn, along with shin pads, which will need to be fully covered by socks. They should also bring a waterproof jacket and tracksuit or other warm clothes to wear over the top of the school kit. Children will need a healthy snack, drinks will be provided. The school will organise any asthma medication we hold within school – please detail medical requirements on the consent form below.

The attached consent form **must be returned to school by Monday 8th October.**

Yours sincerely

Mrs S L Wallis
Lead Teacher

**Himbleton CE First School
Avonbrook Football Tournament
Wednesday 10th October 2018**

Name of Child.....

I give permission for my child to take part in the Avonbrook Football Tournament at Inkberrow Football Club. I understand this involves travelling by coach (which has lap restraining belts).

School Visit Information:

Contact address and telephone number during visit	
If your child suffers from any medical problem or disability which may affect him or her during the visit please give details	
If your child will be taking any medication give details here (this includes travel sickness pills)	
Does your child suffer from travel sickness?	

Medical Consent

I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic, and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

If you have any other information concerning your child, please contact School and supply written details.

This form must be completed and returned by Monday 8th October before your child will be allowed to participate in this event.

Signed Dated
(Parent/Guardian)