



HIMBLETON CE FIRST SCHOOL AND NURSERY  
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EXECUTIVE HEADTEACHER: Mr S Payne

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12<sup>th</sup> February 2019

Dear Parent

### **KS2 Avonbrook Cluster Tag Rugby Tournament Wednesday 27<sup>th</sup> February 2019**

On Wednesday 27<sup>th</sup> February our Year 4 children have been invited to enter a team in the cluster Tag Rugby Tournament to be held at Pinvin First School. They will be playing against pupils from other cluster first schools feeding into St Nicholas Middle School.

The team will be collected from Himbleton by the Pinvin minibus and our team will be accompanied by Mrs Hedges. You are welcome to go along and support if you are able. The tournament will finish at approximately 2.45pm and the children will then travel back to Himbleton by minibus.

Please send the children with a packed lunch on this day. They will eat in school before they leave. They will also need a healthy snack to take with them to the event. Drinks will be provided.

The children will **change into their school PE kit** – but please ensure they have boots or appropriate trainers 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. 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 Friday 15<sup>th</sup> February.**

Yours sincerely

**Mrs S Wallis**  
Lead Teacher

**Himbleton CE First School  
Avonbrook Tag Rugby Tournament  
Wednesday 27<sup>th</sup> February 2019**

Name of Child.....

I give permission for my child to take part in the Avonbrook Tag Rugby Tournament at Pinvin Federation of Schools. I understand this involves travelling by mini bus.

**School Visit Information:**

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

**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 Friday 15<sup>th</sup> February before your child will be allowed to participate in this event.**

Signed .....  
(Parent/Guardian)

Dated .....