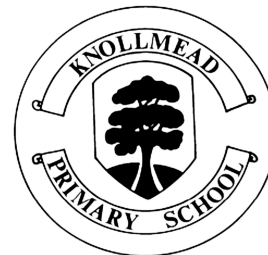


Knollmead Primary School

Knollmead, Tolworth, Surbiton,
Surrey. KT5 9QP
Headteacher: Mr D Tan



Telephone: 020 8337 3778
Email: enquiries@knollmeadprimary.co.uk
Website: www.knollmeadprimary.co.uk

10 December 2018

Dear Parent,

We have been invited to take part in an exciting dance festival at Chessington School (formerly Chessington Community College) on the 14th December between 2:30pm and 4:30pm. There will be other schools from the borough taking part within this festival. This is a fantastic opportunity for your child to learn a dance routine and to represent the school at the festival.

The children will be having dance sessions with Miss Jackson during some lunchtimes to prepare themselves for the festival. Please ensure they have PE kits in school at all times.

If you would like your child to take part in this festival representing Knollmead then please fill in the form below and return it. Spectators are welcome at the festival but please note the performance doesn't start until 3:30pm.

Your child will be taken to the event by minibus with staff members. The children will be supervised by school staff during the event. **It is essential that if you wish your child to participate in this event that you also arrange for your child to be collected from this venue at 4:30pm**. The collection can be made by another adult, providing the school is informed beforehand but children will not be returned back to school by their teachers.

Many thanks,

Miss Jackson

PE Coordinator

Knollmead Primary School is part of The Coombe Academy Trust, a company limited by guarantee (company number 7905433, registered in England and Wales) that has its registered office at Coombe Boys' School, Blakes Lane, New Malden, Surrey KT3 6NU



Knollmead Primary School Trip Permission & Medical Information Form

School Trip: Dance Festival, Chessington School	Date of Trip: 14th December 2018
Pupil Name:	Student Class:
Date of Birth:	

Does your daughter/son suffer from any condition requiring medical treatment/medication or suffer from any physical or emotional conditions that could affect a student's ability to participate fully in the trip? **Yes / No.**
If YES, please give details:

Has your daughter/son had any medical treatment requiring time in hospital in the last six months? **Yes / No**
If YES, please give details:

Does your daughter/son suffer from any allergies? (e.g penicillin, insect stings/bites eggs, nuts) **Yes / No**
If YES, please give details:

To the best of your knowledge, has your daughter/son been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may later become contagious or infectious? **Yes / No**
If YES, please specify:

Has your daughter/son your received a tetanus injection in the last five years? **Yes / No**

Does your daughter/son have any special dietary needs? **Yes / No**
If YES please specify:

I undertake to inform the visit organiser as soon as possible of any change in these medical circumstances between the date signed and the commencement of the journey.

Emergency contact numbers:

Name & Relationship	Home Telephone	Mobile Telephone

Name, address and telephone number of family doctor:

DECLARATION

I agree / do not agree to my son / daughter attending the school trip

I agree / do not agree to my son/ daughter receiving medical treatment including anaesthetic as considered necessary by the medical authorities present. I understand and accept the extent and limitations of the insurance cover provided.

Signature (Parent / Carer)

Date

Please return the completed form to the school office.

No student will be permitted to participate in any trip without a completed medical form.

