



Hoo St Werburgh Primary School & Marlborough Centre

Pottery Road, Hoo, Rochester, Kent ME3 9BS

Tel: (01634) 338040 | E-mail: office@hoo-st-werburgh.medway.sch.uk

18th January 2018

Dear Parent/Carer,

Swimming Competition at Medway Park, Gillingham

Your child has been chosen to take part in a Swimming Competition at **Medway Park, Gillingham**. The competition will take place on **Thursday, 18th January**. Children will need to come to the event in the kit provided and meet Mr. Collins at 8:30am in front of the main entrance to the leisure centre. The competition is due to end at around 4:00pm and all children will need to be collected from Medway Park. If you can offer a lift to and from the competition to another child please indicate this on the slip below. If you have made your own arrangements, please let us know on the slip who your child will be going home with. Please feel free to come along and support the team!

Requirements:

- Swimming kit – **children to take: swimming costume/trunks, towel, swim hat (optional), T-shirt, shorts, flip flops and goggles.**
- Packed lunch *(If your child is eligible for free school meals, please indicate on permission slip)*
- Bottle of water
- NO JEWELLERY please

The press have been invited to take photographs and videos. If you do not wish your child to be part of this, please indicate on the slip below. The day promises to be a lot of fun as well as the opportunity to show the other schools how well our children represent us!

Yours sincerely,
Mr Collins



Swimming Competition, Medway Park, Gillingham

(Organiser: Mr B Collins)

Child's name Class

I give permission for my child to take part in the swimming competition on **Thursday 18th January 2018**.

I / _____ will collect my child at 4pm from Medway Park *please delete/add name

I can offer a lift home to another child

I allow my child to take part in any extra activities (e.g. diving)

If eligible for free school meals:

My child will require a packed lunch I will provide a packed lunch

Photos: I do NOT wish my child to be videoed/photographed *(Please tick if appropriate)*

Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered for any urgent medical treatment to be given.

Signed

Date

Emergency contact name:.....

Tel No:

Head of School: Tara Deevoy BA (Hons) QTS PG Dip
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Specialist Provision
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