



St Thomas More Catholic School, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr B Hickey

26th September 2018

BTEC PE at New Bodies Gym

Dear Parent/Guardian

In order to extend the range of activities we can offer we have set up a fitness session based at the New Bodies Gym, this will begin with two week introductory sessions on Tuesday 2nd & 9th October 2018. This will follow with a 6-week group of sessions (dates to be confirmed), a text will be sent notifying you when the 6 week block of sessions will begin.

At New Bodies pupils will have an induction where they learn how to use equipment safely, including both Cardio and Resistance machines, and then follow a simple programme under the supervision of the fully qualified staff at the centre.

Pupils will be required to make their own way to New Bodies Gym for 9:05am where they will be registered, after the session the pupils will make their own way back to school on a pre-planned route discussed with them. Your child must sign in at reception when they return to school. If your child is unable to attend school that day you must ring the school office as normal in the morning.

All pupils must complete the attached consent form and return to the school office by Friday 28th September 2018.

Thanking you.

Mrs Barnes
Head of Physical Education

PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE

[In order to comply with Health & Safety Regulations we must receive this completed consent form at least **3 school days** prior to the date of the trip. NB. Your child will not be allowed on the trip if you do not comply with this request.]

Student: _____ Form: _____

I am willing for my son/daughter to attend fitness sessions at New Bodies Gym and to walk unsupervised back to school.

I acknowledge the need for my child to behave responsibly.
I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? Yes/No

[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? _____

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided and have read the attached letter.

Contact telephone numbers:

Work: _____ Home: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website www.st-thomasmore.derbyshire.sch.uk, paper copies are available upon request.)

Signed _____ Date returned _____

Full name (capitals): _____