

Headteacher:
Mrs A. Chapman, MA, SFHEA, NPQH



Founded in 1717

BAINES SCHOOL

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Ref: KBI/cpo

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Dear Parents/Carers

The PE Department at Baines School runs an extensive sporting programme, both in curriculum time and during extra-curricular sessions.

It is our prime responsibility to ensure that the students in our care are safe and secure at all times.

Throughout the year we travel away to sporting events several times every week. It is essential, therefore, that we have a detailed profile of every pupil in our care at these times.

Please would you take the time to complete the attached information regarding your child's medical and emergency contact details and return to the School Office.

Yours faithfully

MRS K BLACKWELL
Subject Leader – Physical Education

BAINES SCHOOL

PHYSICAL EDUCATION DEPARTMENT

PARENTAL CONSENT BOOKLET

PUPIL NAME:

BAINES SCHOOL PHYSICAL EDUCATION DEPARTMENT

PARENTAL CONSENT AND MEDICAL INFORMATION FORM FOR EXTRA CURRICULAR ACTIVITIES

This form should be completed in full by a parent/carer.

If my child is selected to represent Baines School in Inter-School sporting fixtures, I am happy that:

- He/she will be informed of the sporting events via the school's weekly Sports Bulletin: no further letter or medical form will be sent to parents/carers.
- He/she could be transported to the event in the school minibus, Poulton Cabs or in an adult other than teacher's car.
- He/she will follow the code of conduct outlined on the attached sheet.
- He/she will be told where and when pupils are to be returned following a sporting event.

I understand that I am responsible for ensuring that my child gets home safely from that place.

Signed: Date:

Parent/Carer

ADULT OTHER THAN TEACHER CAR USAGE

If you would like to be added to our database of parents willing to transport their own and other children to sporting events, either after, or during school hours or at weekends please complete the following:-

NAME:

Parent/Carer of Form:

I have held a driving licence for years

I have insurance to carry youngsters (please consult insurance company. This can normally be arranged at no extra cost) **YES/NO**

I have no convictions **YES/NO**

I am normally available to transport students :-

AFTER SCHOOL **YES/NO**

DURING SCHOOL **YES/NO**

AT WEEKENDS **YES/NO**

Signed: Date:

Parent/Carer

CODE OF CONDUCT FOR PUPILS ON EXTRA-CURRICULAR ACTIVITIES

ALL PUPILS SHOULD:-

- Observe normal school rules
- Co-operate fully with teachers at all times
- Be punctual at all times
- Not leave the group sessions or accommodation without permission
- Always return to the meeting point or accommodation at agreed times
- Avoid behaviour which may inconvenience others
- Be considerate to others at all times
- Respect all requests made by school staff and accompanying adults
- Behave at all times in a manner which reflects positively on themselves and the school
- Consult with the staff if in doubt about any issues

Signed: Date:

Parent/Carer

EMERGENCY DETAILS

IN THE CASE OF AN ACCIDENT AT A SPORTING EVENT WE MAY NEED TO CONTACT YOU.

PLEASE COMPLETE THE FOLLOWING EMERGENCY CONTACT DETAILS.

PUPIL'S NAME:

FORM:

MY EMERGENCY CONTACT NUMBERS ARE AS FOLLOWS:-

HOME:

WORK:

MOBILE:

ALTERNATIVE CONTACT:

FAMILY DOCTOR:

NAME:

ADDRESS:

TEL. NO.

I am aware that should my child take part in extra-curricular activities, it is my responsibility to update the PE Department on medical conditions OR new telephone numbers as they arise.

Signed: Date:

Parent/Carer

DECLARATION:

I have read the information provided about sporting events.

I consent to my child taking part in
The inter-school sporting events and other practices outside of curriculum time.

I declare my child to be in good health and physically able to participate in sporting
activities.

I have completed the required medical form.

I will notify the school of any change of circumstances, which will affect my child's
participation.

PARENTAL SIGNATURE:

DATE:

PRINT NAME:

ADDRESS:

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**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM FOR TYPE B
EDUCATIONAL VISITS AND ADVENTUROUS ACTIVITIES**

(This form is to be completed in full by the parent/carer and returned to the school before you child may participate in the visit/activity)

1. EXTRA CURRICULAR ACTIVITIES

Full name: Date of Birth: Form/class:

I agree to my son/daughter/ward taking part in sports activities and having read the information booklet, I agree to his/her participation in any activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/organisation reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.

He/she is capable of swimming 25 metres unaided Yes/No (Delete as appropriate)

2. EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) Work: (.....)

Mobile Telephone no:

Name & Address:

.....

b) Please state an alternative contact point: - Telephone number: (.....).....

Name & Address of Contact:

.....

Child health service details: - Medical card number:

Family doctor (Name, address and telephone number):

..... (.....)

3. MEDICAL INFORMATION

Does your child suffer from any of the following conditions?

(Please cross out the 'yes' or 'no' which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Fainting	yes/no	Migraine	yes/no
Heart Trouble	yes/no	Raised Blood Pressure	yes/no
Tuberculosis	yes/no		
If YES to any of the above, please provide details:			
.....			

Epilepsy	yes/no	If yes,
a) What specific epilepsy syndrome has been diagnosed for your child?		
b) What is the pattern of any seizure?		

Does your child suffer from any other condition requiring medical treatment, including medication?

Yes/No

If YES, please provide details:

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?

Yes/No

If YES, please provide details:

Has your child been immunised against the following diseases?

Poliomyelitis Yes/No Tetanus (lock jaw) Yes/No

If YES to tetanus, please give date if known

Is your child taking any form of medication on a regular basis?

Yes/No

If YES, please give full details, indicating the type of medication and dosage.

Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? Yes/No

If YES, please give full details:

.....
.....

In the case of a residential course, does your child have any:

- Special Dietary needs?
- Any childcare needs?

4. INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

5. DECLARATION BY PARENT/CARER

- ◆ In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- ◆ I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- ◆ I consent to my child taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- ◆ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I am aware of the levels of insurance cover.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/ORGANISATION.

Signature of Parent/Carer..... Date.....

Name of parent/carer in block letters:

Address:

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Guidance for Parents Regarding Sports Equipment and Clothing

During curriculum time all of our students experience a wide range of activities, such as Rugby, Football and Hockey, where recommendations about safety equipment/clothing are made by the Physical Education teacher leading the lesson.

These recommendations range from shin pads to gum shields and rugby shirts.

Outside of the curriculum we provide a variety of more competitive sporting opportunities to students across the school, examples of which are Intra and Inter School matches where the need for correct safety equipment /clothing is compulsory due to the competitive nature of these events.

Please find below the safety recommendations - and where necessary the **compulsory (C)** requirements for each sporting activity.

Activity	Curriculum Time	Club / House	School Team
Hockey	Shin pads Shield trainers or Astro Boots (no pumps)(C)	Gum Sports Boots Shin pads(C) Gum Sports Astro boots (C)	Shin pads(C) Shield(C) Sports trainers or Astro boots (C)
Football	Football Shin Long socks(C)	Boots(C) pads(C) Football Shin Long socks(C)	Boots(C) pads(C) Football Shin Long socks(C)
Rugby	Rugby Long Rugby shirt Shin pads shield	Boots(C) socks(C) (C) Gum Rugby shirt(C) Shin pads(C)	Boots(C) shield(C) socks(C) shirt(C) Shin pads(C)

Gum shields are available from all sports retailers and from the PE Department direct.

Please note that these recommendations, and where appropriate compulsory requirements, are taken from the Governing Bodies for each of the sports.

Having the correct equipment /clothing will also make your child feel more confident and will enhance the teaching that is taking place.

Finally, students representing the school teams will only participate if they have all the necessary items listed above.

Please feel free to contact the Physical Education department if you need any further advice.

A copy of this guidance, and of the consent booklet can be found on our school website at www.baines.lancs.sch.uk