



Caldy Road  
West Kirby  
Wirral  
CH48 2HE

Headteacher: Mrs J Callaway BA Hons QTS  
jcallaway@avalon-school.co.uk

Telephone: 0151 625 6993  
Fax: 0151 625 0332  
E-mail: Schooloffice@avalon-school.co.uk

19 June 2018

**RE. Sailing lessons (Y2 – 4)**

Dear Parents,

I am writing to you with details of a sailing session at Wirral Sailing Centre in West Kirby for children in Years 2-4. The PTA provide these sessions annually for children in Year 2. Owing to renovations happening at the centre, they have been unable to accommodate the children in the previous two years, hence why we have arranged for Year 3 and 4 to take part. The sessions are as follows

- Years 2 and 3 – Wednesday 27 June 2018 from 1.30 until 3.30
- Year 4 – Thursday 28 June 2018 from 1.30 until 3.30

The children will have a 2 hour session from 1.30pm until 3.30pm. Children will be walked down to the centre from school but **must be picked up at the centre at 3:30pm.**

Children will need to bring a swimming costume, a towel and a **pair of shoes to be worn in the water.** Children will be given a wetsuit and buoyancy aid to wear in the water. If they have their own clothing for sailing, then they are more than welcome to bring this.

The PTA are kindly fully funding this experience for the children.

**Parents will need to fully complete the authorisation form and return it to school by Monday 25 June.**

If you have any further questions, please contact me in school or via the email address below.

Regards,

Mr M Ashton  
Deputy Headteacher  
[martinashton@avalon-school.co.uk](mailto:martinashton@avalon-school.co.uk)





## Avalon School

### Information & Authorisation Form

<b>Child's Name</b>		
<b>Destination Details</b>	Wirral Sailing Centre	
<b>Dates</b>		
<b>EMERGENCY NUMBER</b> (this number should be available at all times)		
<b>Date of Birth</b>		
<b>Doctor's name</b>		
<b>Address</b>		
<b>Tel No.</b>		
<b>Medical Information</b> (include allergies or disabilities) and treatments. Continue on separate sheet if necessary		
<b>Has your child ever suffered from (please tick and give information if necessary)</b>	<ul style="list-style-type: none"> <li>Asthma/bronchitis</li> <li>Heart conditions</li> <li>Fits, fainting or blackouts</li> <li>Severe headaches</li> <li>Diabetes</li> <li>Travel sickness</li> <li>Allergies to medication</li> </ul>	
<b>To the best of my knowledge my child is fit to take part in the trip</b>	Yes / No	
<b>I agree to my child to participate in the above trip</b>	Yes / No	
<b>I give permission for my child to walk down to the centre accompanied by members of school staff.</b>	Yes / No	
<b>I consent to any emergency medical/dental treatment which my child may require during the above trip</b>	Yes / No	
<b>My child can swim 25 metres unaided</b>	Yes / No	
<b>I will collect my child from the centre for 3.30pm</b>	Yes / No	
<b>I would like my child taken back to school and I will collect them from after school club</b>	Yes/ N/A	

**Parental declaration**

I give permission for my child to take part in the Sailing session at Wirral Sailing centre.

I undertake to inform the organising staff as soon as possible of any relevant change in medical circumstances occurring before the trip.

I hereby authorise any accompanying members of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.

It is expected that your child will behave in an appropriate manner.

<b>Name of Parent / Guardian</b>	
<b>Signature of Parent/Guardian</b>	
<b>Date</b>	