

Family BBQ, Swim and Inflatables Social Evening

Run by Friends of Test Valley School (PTA)

Friday 7th July 4pm to 7pm

June 2017



Dear Parents



On Friday 7th July 2017 from 4 pm to 7 pm the Friends of Test Valley School (PTA) would like to hold a social evening for parents, prospective parents and their families. This will include a BBQ, swim, inflatables, and rounders at a cost of £5 per family of four or £1.50 for individual or additional tickets. Please note all children must be accompanied by an adult.



During the evening rounders matches will be available upon request to Mr Hill. The swimming opportunity will be for pupils and prospective pupils who can swim. Inflatables (including bouncy castle, slide, sumo suits and jousting) will also be available to use for a small cost.

Please note we do have a wet weather plan should it be necessary.



A BBQ selling hotdogs and burgers (including vegetarian options) will be available, along with a bar area for over 18s only. We will also be running a tuckshop for children and hope to include slush puppies and candyfloss.



Please bring your own fold up chairs & picnic blankets.

If you would like tickets for this event, please complete the attached form and return it to Pupil Services.

Yours sincerely

Mr S Langdown

On behalf of the Friends of Test Valley School (PTA)



facebook.com/TestValleySchoolPTA

twitter.com/TestValleyPTA

Reply Slip — Please return to Pupil Services by Monday 19th June

Family BBQ, Swim and Inflatables Social Evening 7th July 2017

Name _____ Contact phone number _____

I would like ____ family ticket(s) at a cost of £5 each – sub-total £____ (each family ticket allows 4 people) and ____ additional tickets at £1.50 each - sub-total £____ (children must be accompanied by an adult)

Total £_____

1) I enclose £_____ cash / cheque

(Cheques made payable to **Test Valley Comprehensive School PTA**)

2) I will be paying via bank transfer (details below)

Lloyds Account: 00487386
Sort Code: 30-90-21
Account Name: Test Valley Comprehensive School PTA

For Test Valley School pupils, name of child to give tickets: _____ Tutor Group: _____

If not currently attending Test Valley School, tickets can be collected at the event.

Please list below all children attending the event:

| Name | School |
|------|--------|
| | |
| | |
| | |
| | |
| | |

I confirm that all children attending will be accompanied by an adult.

Signed (Parent) _____ Print name _____

Please list the names of the other adults attending so that prize draw numbers can be issued:

1. Additional adult – print name _____

2. Additional adult – print name _____

3. Additional adult – print name _____

Educational visit information and consent form (please complete both sides)

Name of establishment

Personal details

First name of participant Surname

Date of birth Age Tick if aged 18 or over male / female

Address

..... Post code

Name of next of kin

Next of kin address during the activity (if different from above)

..... Post code

Contact no: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for the visit or venture

The visit or venture to Date of visit

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated I consent to him/her taking part in the programme detailed in your letter and I am aware of the insurance synopsis at <http://www3.hants.gov.uk/education/outdoor-education/oe-homepage/oe-insurance.htm> In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed

Please print name here

Address

..... Post code

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and I **do not** consent to their involvement in water sports

Educational visit information and medical form (please complete both sides)

Has the participant had any of the following?

| | | | | | |
|-----------------------------|-----|----|--|-----|----|
| Asthma or bronchitis | Yes | No | Allergies to any known medication | Yes | No |
| Heart condition | Yes | No | Any other allergies, eg material, food, plasters | Yes | No |
| Fits, fainting or blackouts | Yes | No | Other (eg: illness, disability, sleepwalking) | Yes | No |
| Severe headaches | Yes | No | Travel sickness | Yes | No |
| Diabetes | Yes | No | Regular medication | Yes | No |

If the answer to any of these questions is Yes, please give details:

.....

If it is considered necessary, do you consent to mild painkillers (eg: Paracetamol) being administered Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed (for participants under 18 years of age)
Person with parental responsibility

Please print name here

Signed (for participants aged 18 years or over)
Participant

Date

Consent for taking images

During our visit or venture we are likely to take pictures or videos. We may like to use these in presentations, displays or in our own booklets, newsletters or website publicity. In the event of any images of my child/me being taken on this trip, I consent to them being used for internal educational purposes by the School (children's work - theirs and others', internal displays and presentations etc). Yes No

In the event of any images of my child/me being taken on this trip, I consent to them being used for external educational purposes by the School (e.g. newsletter, prospectus, website etc). Yes No

Signed (for participants under 18 years of age)
Person with parental responsibility

Signed (for participants aged 18 years or over)
Participant

Date