

Darnhall Primary School
Sandyhill Road
WINSFORD
Cheshire
CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.
Assistant Headteacher: Natasha Mulholland B.A Hons

16th May 2019

Dear Parents and Carers,

KWIK CRICKET

Child's Name _____ Class _____

Dear Parents and Carers,

Your child has been selected to represent our school in a cricket competition. The competition will take place on Thursday 23rd May 2019 at Winsford Cricket Club, Knight's Grange Sports Complex, Grange Lane, Winsford, CW7 2DL.

We will travel to the venue at 1:30pm via minibus and **your child will need to be collected from the Cricket Club at 6:00pm.** Could you please ensure that your child has suitable footwear and a bottle of water. A School Sports kit will be provided.

Please complete and return the reply slip below and the attached form C by **Tuesday 21st May.**

Kindest regards

Mr H Baxendale

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Cricket Competition

I give my child..... permission to attend the cricket competition on Thursday 23rd May 2019.

I will collect my child from Winsford Cricket Club at 6:00pm

Signed..... Date.....



FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class

Details of visit to: WINSFORD CRICKET CLUB

Date of visit: 23rd MAY 2019

Leaving School at: 1:30PM

I agree to my child taking part in this visit

I have read the information sheet I agree to 's participating in the activities described.

I acknowledge the need for to behave responsibly throughout the visit.

Medical information about your child

- a] Any conditions requiring medical treatment, including medication? YES/NO If YES, please give brief details:
b] Please outline any food or other allergies and special dietary requirements of your child:
c] Any recent illness or accident staff should be aware of?
d] When did your son/daughter last have a tetanus injection:

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.

Emergency contact telephone number for the day of the visit:

Name of Contact:

Work: Home

Signed..... Date.....

Full Name [capitals]

