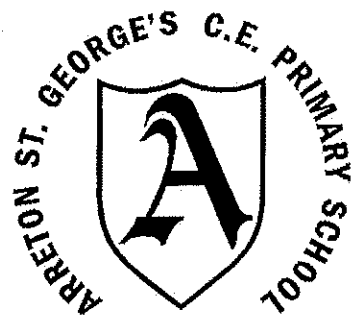


Arreton St George's C.E. (Aided) Primary School  
School Lane Arreton Isle of Wight PO303AD  
Telephone: (01983) 528429  
Email: [admin@arretoncepri.iow.sch.uk](mailto:admin@arretoncepri.iow.sch.uk)  
Website: [www.arretoncepri.iow.sch.uk](http://www.arretoncepri.iow.sch.uk)



Executive Head: Mrs L Bosworth  
Head of School : Mrs M Herbert

19<sup>th</sup> February 2018

Dear Parents/Carers,

On Friday 16<sup>th</sup> March we are taking part in the Island Music Festival. Year 4 have been working hard with Mrs Brown and have been entered into the Music Maker class. The details are as follows:

Date: Friday 16<sup>th</sup> March  
Time: 10am  
Place: All Saints Church, Ryde  
Clothing: School Uniform  
Transport: To be confirmed

To try and reduce costs we are asking for help to transport the children to and from the venue.

If you are able to help please indicate on the form below.

All parents and families are welcome to watch the performance.(Small charge on door).

Please complete and return the form below by Wednesday 28<sup>th</sup> February.

Yours sincerely,  
Mrs Maria Herbert

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Isle of Wight Music Festival - Friday 16<sup>th</sup> March

Name: \_\_\_\_\_ will be attending the Isle of Wight Music Festival on Friday 16<sup>th</sup> March.

I am/am not able to help with transport.  
I am happy for my child to travel in a staff or parents car.

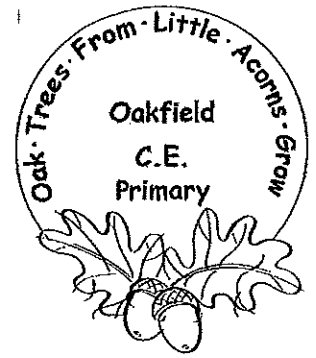
Signed: \_\_\_\_\_





# The Arreton & Oakfield Federation

Executive Headteacher: Mrs. Laura Bosworth



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

Name of establishment ARRETON CE AIDED PRIMARY SCHOOL

### Personal details

First name of participant ..... Surname .....

Date of birth ..... Age ..... 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

The visit to **Island Music Festival at All Saints Church, Ryde**

Date of visit **Friday 16<sup>th</sup> March**

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.

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

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 illness or disability	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 agree to mild painkillers being administered (School will take a supply ie Calpol, Nurofen to off island or residential trips) 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

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics or a blood transfusion. 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): Yes No

.....  
.....

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 .....

Date .....

### Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational purposes. Yes No

I consent to the images being used on the website Yes No

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

Date .....