

Coopers School



An IB World School

Principal: Mrs S Puxty BSc (Hons) NPQH
Headteacher: Mrs S Wood BA (Hons) NPQH

'Enabling learners of today to become achievers of tomorrow'



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31 October 2018

Dear Parent/Carer

Re: Jump Giants – Jack Petchey Rewards trip

I am pleased to inform you that your child has been selected for a Jump Giants rewards trip on 9 November 2018, due to their regular participation in House activities. Your son/daughter will need to attend lessons 1, 2 and 3 in school uniform. At the end of third period, he/she should come to the PE Department and change into appropriate sports clothing (no crop tops). We will return to school by 4.30pm.

Activities included in the day are:

- Dodgeball
- Slamball
- Foam zone
- Total Wipeout

For additional information please see the following website address <http://www.jumpgiants.com/groups-and-events/schools-clubs>.

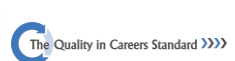
Please note, your child will NOT be allowed to attend this trip if the parental consent form has not been returned. This can be found on the main Jump Giants website under 'waiver'.

If you have any questions regarding the trip, please do not hesitate to contact me on lmccabe@e21c.co.uk.

Yours faithfully

Mr L McCabe
Head of GCSE and Newton House

Senior Vice Principal: Matthew Baker Vice Principals: Rob Carling | Samantha Chapman | Hazel Hatch
Curious Creative Resilient Respectful Empathetic



Parental consent form for an off-site visit

Re: Jump Giants – Jack Petchey Rewards trip

I agree to (Student name) _____ taking part in the visit and have read the information letter.

I do not wish (Student name) _____ Form _____ to take part in this trip for the following reason: _____

I acknowledge the need for him/her to behave responsibly.

I give permission for any photographs, which may be taken on the trip of the above-named student, to be used in school displays and/or on the website. Yes / No (please delete as appropriate)

Medical Information:

a) Does the above-named student have any condition requiring medical treatment, including medication? Yes / No

If yes, please give brief details: _____

b) Please outline any allergies, and the type of medication which may be given for pain/flu relief, if necessary:

Contact Information:

Name: _____ Relationship to student: _____

Telephone number 1: _____ Telephone number 2: _____

Home address: _____

Name of family doctor: _____ Telephone number: _____

Alternative Emergency Contact Information:

Name: _____ Relationship to child: _____

Telephone number: _____

Declaration

I agree to the above-named student receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the Group Leader / Headteacher as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the trip.

Name (print): _____ Date: _____

Signed: _____ Relationship to student: _____