



# 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: The U13s EFL Girls' Cup

Charlton Athletic Community Trust is pleased to announce that they are hosting a local inter-schools U13 girls only six-a-side EFL schools' football tournament. Your daughter has been chosen to represent Coopers School at this tournament.

Date: Thursday 29 November 2018

Time: 9.30am - 12.30pm

Where: Charlton Athletic Training Ground, Sparrows Lane, New Eltham, SE9 2JR.

The tournament will take place on an astro turf pitch (no metal studs) but moulded boots or trainers are suitable.

There will be changing facilities at the training ground but we will allow the students to change at school before we leave. Please ensure that your daughter brings a packed lunch, drinks and warm clothing. We anticipate being back to school by 1.00pm in order for students to attend Enrichment during P4.

**Please note, your child will NOT be allowed to attend this trip if the parental consent form has not been returned.**

If you have any queries please do not hesitate to contact me on [lmccabe@e21c.co.uk](mailto: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: The U13s EFL Girls' Cup**

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: \_\_\_\_\_