

17 October 2011

Dear Parent

**Re: Extra Curricular Sailing Club**

As part of our extensive extra curricular programme the Academy is offering the opportunity for students to take part in an after school sailing club at Southampton Water Activity Centre (SWAC).

The session will run after school on a Thursday starting on Thursday 26th April 2012 for 6 weeks. A minibus will be provided to take students across to SWAC at the end of school at 3.00pm and will return to school at approx. 5.30pm. Students will need to bring to school with them a spare change of clothes and shoes that would be suitable to get wet. Student Services are happy to look after students bags during the school day if they have activities after school.

The cost of the 6 week course is £56.80. Cheques to be made payable to: Oasis Academy Mayfield. If you would like to set up a payment plan and make regular payments to settle the balance before the start of the course please ask your child you collect a payment card from Student Services.

If you are happy for your son/ daughter to take part in this club please return the attached reply slip, medical form and a cheque or cash for the either the full amount or a deposit of £10 if you would like to pay in instalments, to Students Services before Tuesday 17<sup>th</sup> April 2012.

Yours sincerely



Mrs Johnston  
Extended Services Manger

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**Reply Slip**

**Re: Sailing Extra Curricular Club**

To: Student Services, Oasis Academy Mayfield

I give/ do not give\* permission for my son/ daughter to take part 6 weeks sailing course running at Southampton Water Activity Centre.

Pupils Name:.....

Tutor Group:.....

I enclose £56.80 cheque/ cash

Signed: .....  
(person with parental responsibility)

Date: .....

Principal - Mr John Toland  
The Grove, Southampton, SO19 9LX

Tel: 023 8032 8128 . Fax: 023 8032 8228 . [www.oasisacademymayfield.org](http://www.oasisacademymayfield.org)



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# Southampton Water Activities Centre

Floating Bridge Road, Southampton, SO14 3FL  
Tel: 02380 915753 Fax: 02380 915754  
E-mail: [info@swac.co.uk](mailto:info@swac.co.uk) www.swac.co.uk



## Student Medical Form

Name				Date of Birth	
Age	Address 1				
Address 2					
Post Code	Telephone		Mobile		
E-mail					
Emergency Contact Name			Telephone		

### MEDICAL INFORMATION DECLARATION (CONFIDENTIAL)

Please give the following information so that the participant can be properly supervised in the care of the Centre and also, in the unlikely event of an accident, correct treatment can be given. *Please note: it is your responsibility to inform the Centre of any changes to the participants medical conditions.*

<b>Has the participant received treatment for any of the following conditions?</b> Asthma, Bronchitis, Heart Condition, Fits, Black Outs, Fainting, Severe Headaches, Diabetes or Travel Sickness.	(please tick)	YES /	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Is the participant known to be allergic to any of the following: drugs, medicines, materials, foods, plasters, other allergies?		<input type="checkbox"/>	<input type="checkbox"/>
Does the participant have a disability, learning difficulty or medical condition which may affect their learning?		<input type="checkbox"/>	<input type="checkbox"/>
Is your child receiving medical or surgical treatment from your family doctor or hospital or has your child been given specific medical advice to be followed in an emergency?		<input type="checkbox"/>	<input type="checkbox"/>
Has the participant been vaccinated against TETANUS in the last 10 years?		<input type="checkbox"/>	<input type="checkbox"/>

**IF THE ANSWER TO ANY QUESTION ABOVE IS YES, please give information regarding care, treatment and medication that you wish the Centre staff to observe (continue overleaf if necessary).**

### Consent for taking images

During the course we may take pictures and videos for use in presentations, displays or in our own booklets, newsletters or publicity. In the event of any images of the participant being taken, I consent to them being used for promotional or educational purposes.

**Please note that our website can be viewed throughout the world and not just in Britain where British law applies.**

### DECLARATION

I have completed the medical declaration and I consider that my child is fit and capable of taking part in the activities organised by the Centre.

The participant **CAN** swim confidently  or **CAN** swim 25m  / 50m  wearing a buoyancy aid or **CANNOT** swim

**In the event of illness or an accident, I consent to any necessary medical treatment**

Printed name			Signed			Dated		
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Person with parental responsibility

**Yearly Educational Visit Information, Medical and Consent Form**

*(Please complete both sides)*

**Visits, Journeys and Events 2011/2012**

**Personal details**

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

Date of Birth ..... Age ..... Male/Female Tutor Group .....

Address .....

.....

..... Postcode .....

Name of next of kin .....

Next of kin address (if different from above) .....

.....

Contact no: Home ..... Work ..... Mobile .....

Name and address of participant's doctor: .....

.....

Telephone no ..... NHS No. (if known) .....

**Any Additional Information** (you feel would be useful) .....

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**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 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 .....

*(Person with parental responsibility)*

# **Educational Visits & Activities 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, e.g. material, food, plastics	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 the questions above is yes, please give details

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If it is considered necessary, do you agree to mild pain killers (e.g. Paracetamol) being administered. 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 your 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 dosage of any medicines/tablets): .....

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In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

**In the event of any illness or medical treatment occurring after the return of this form, and prior to any visit, journey or activity, I take full responsibility to inform Oasis Academy Mayfield of any changes.**

Signed: .....  
(Person with parental responsibility)

Please print name: ..... Date.....