

# Oakfield CE (Aided) Primary School

Appley Road · Ryde · Isle of Wight · PO33 1NE

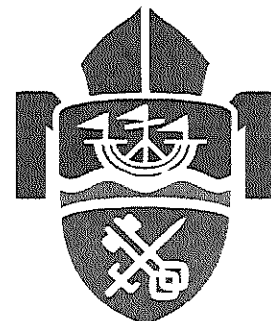
Telephone: 01983 563732

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Website: www.oakfieldcepri.iow.sch.uk

Executive Headteacher: Mrs Laura Bosworth

Head of School: Mrs Vikki Reader



28<sup>th</sup> February 2018

Dear Parents/Carers

On Friday 16<sup>th</sup> March, we are entering 'The Isle of Wight Music Festival Competition'. The children will be performing at 10.00am at All Saints Church Ryde. The children will be travelling by coach from school and will be accompanied by staff. You are welcome to come along and support the school, (*you will have to make your own way there*) there is a small entrance fee but you do not need to buy tickets in advance.

Mrs Rowe and Mrs Scovell's classes have been chosen to represent the school. This activity is during school time and the children will return in time for lunch.

Please can you make sure your child is in full smart school uniform, Mrs Brown will take any musical instruments.

Mrs Brown is really looking forward to taking the children and is delighted with their standard of performance.

A voluntary contribution of £3.00 towards the entrance fee would be appreciated, this is to ensure that the competition can continue to run in the future for the children.

Please complete and return the reply slip by Monday 5<sup>th</sup> March.

Thank you for your continued support.

Mrs R Brown  
Music Co-Ordinator

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## MUSIC FESTIVAL – 16<sup>th</sup> MARCH 2018

I give permission for my child \_\_\_\_\_ to take part in the Music Festival on Friday 16<sup>th</sup> March.

I enclose £3.00 towards the entrance fee.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

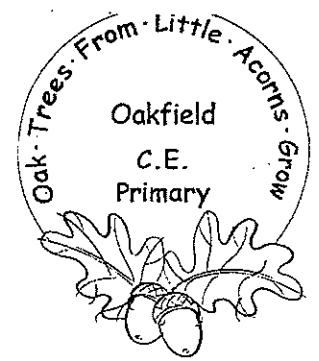
Date \_\_\_\_\_





# The Arreton & Oakfield Federation

Executive Headteacher: Mrs. Laura Bosworth



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

Name of establishment OAKFIELD 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 – IOW MUSIC FESTIVAL

The visit to All Saints Church Ryde..... Date of visit **16<sup>th</sup> March 2018**

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)

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?

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

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 understand that if my child is/I am easily identifiable (eg a close facial shot) I will be informed first.

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 .....