



April 2024

Dear Parent,

Your child has been selected to perform in the external GCSE PE moderation on **Wednesday 1<sup>st</sup> May 2024** at Glenmoor and Winton School. This is a formal assessment that involves students participating in a certain number of sports and being assessed by an external moderator from the exam board.

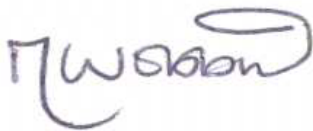
As this is a formal assessment, students must attend. If they do not attend a doctor's letter must be provided so that this can be submitted to the exam board and an allowance can be made for their absence. Without this formality we will be unable to make allowances and therefore it will affect their overall grade in the practical element of their GCSE PE.

Students will be travelling to Glenmoor and Winton School by minibus. They need to come into school in their PE kit and must bring a packed lunch and plenty of water for the day. Students need to arrive at school at 7.30am. They will return to school at approximately 4.30pm, please arrange for your child to be collected. Students need to bring with them their up to date competitive logs and any relevant sports equipment with them e.g. Football boots, shin pads and their own equipment such as badminton rackets, if they wish. Students are also encouraged to bring GCSE PE revision resources as well to use during the time that they will not be involved in sessions.

All students attending will be expected to follow our Student Behaviour and Mobile Policy at all times.

Please could you sign the medical consent form attached and return to me as soon as possible.

Yours sincerely



Mrs Webber  
Head of PE



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO MRS WEBBER AS SOON AS POSSIBLE

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: <b>GCSE PE Moderation</b>		Date: <b>Wednesday 1<sup>st</sup> May 2024</b>	
Student Name:			
MEDICAL / EMERGENCY CONTACT INFORMATION			
PRIMARY EMERGENCY CONTACT DETAILS		ALTERNATIVE EMERGENCY CONTACT DETAILS	
Name of contact:		Name of contact:	
Contact telephone number:		Contact telephone number:	
Relationship to student:		Relationship to student:	
STUDENT'S MEDICAL INFORMATION			
Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip			
Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. 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
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	YES / NO
If the answer to any of these questions is YES, please give details:			
TRIP PAYMENT - All trip payments are to be made using WisePay			
I have paid using WisePay and my reference number is .....			
CONSENT DECLARATION			
I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.			YES / NO
I give consent for him/her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.			YES / NO
I give consent for my child to be photographed during the event and for these photographs to be used in school media.			YES / NO
Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.			YES / NO
<b>Signed:</b>		<b>Print Name:</b>	<b>Date:</b>