



Putteridge High School

Putteridge Road Luton LU2 8HJ

Headteacher: Mr David Graham



Maths &
Computing
Specialist School

Letters/careers/PDA2016/mjj

22nd April 2016

Dear Parent / Carer,

Putteridge High School has a long standing partnership with the Army Outreach Team which provides support to the curriculum in a number of ways. In this connection, the Army Youth Team will be delivering a Personal Development Activity Day for Year 10 students on **Thursday 18th May 2016**.

All activities are based around the National Curriculum and will consist of Command Tasks and Leadership Tasks. There will be some physical activities and students suffering from asthma, ADHD or carrying recent or serious injuries will be assessed for their suitability for the specific tasks. This will also apply to those students with Special Educational Needs. It is important that this information is indicated clearly on the attached form. Students **MUST** inform school or Army staff if they feel they cannot undertake any of the activities. **If students need an inhaler they should have it with them at all times.**

Clothing and Equipment

Sturdy walking boots or 'old' sturdy training shoes (essential)
Waterproof clothing (if in possession)
Change of clothes in case of inclement weather
PE kit – tracksuit, training shoes, etc (essential) – to be worn on the day
Plenty of water and food for morning break (essential)

It is important that the attached consent form is completed and returned to me in the Careers Office no later than end of school Friday 29th April 2016. This day is part of the Physical Education curriculum so it is essential that all students should take part. Unfortunately, if students have not returned the consent form then they will be unable to take part and will have to watch. There will be no alternative timetable for Year 10 on that day.

The activities will take place at the school field, weather permitting but if the forecast is really bad then the event will be cancelled. Students will be brought back to school for lunch but they should make sure they have plenty of water with them for the whole day plus food for the morning break at the field. There will be structured comfort breaks throughout the day.

Yours sincerely

Mary Jankiewicz - CEIAG Team Leader

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**PUTTERIDGE HIGH SCHOOL
PARENT CONSENT FORM**

To: **MRS JANKIEWICZ, CAREERS OFFICE**

Event: **ARMY PDA DAY**

Date: **WEDNESDAY 18TH MAY 2016**

Pupil's Name: _____ Form: _____

I have read the information about the proposed event and I agree to my child taking part in the activities included in it. I acknowledge the need for my child to behave responsibly throughout the event.

Medical Information about your child

(a) Any conditions requiring medical treatment, including medication? YES / NO
If YES, please give brief details:

(b) Any recent illness or accident staff should be aware of? This includes any Special Educational Needs.

(c) The type of pain / flu relief medication your child may be given if necessary:

(d) I understand that basic school journeys insurance for the visit is included for some of the activities, details of which are available on request from the school office. Parents may wish to consider taking out their own additional insurance, such as personal accident insurance, to supplement the basic school insurance.

(e) I will notify the organiser of any changes of a medical nature, ailments, allergies, condition or diet which requires attention of the organiser.

Declaration

- I consent to any emergency medical treatment required by my child during the course of the Education Event
- I confirm that my child is in good health and I consider him / her fit to participate
- I understand that my child will be assessed for suitability to participate in specific tasks if necessary.
- I consent to my child appearing in photographs/video that may be used for educational purposes

Contact Telephone Numbers:

Work: _____ Home: _____ Home Address: _____

My contact number during the visit will be: _____

Alternative emergency contact numbers: Name: _____ Telephone Number: _____

Home address: _____

Name of Family Doctor: _____ Address: _____ Tel: _____

Signed: _____ Full Name: _____
Parent/Carer CAPITAL LETTERS