



06 November 2023

Dear Families



## Mid Sussex Active Leadership Academy

I am delighted to invite your child to our Leadership Academy Launch event for the 23/24 academic year.

Your child has been selected for the Mid Sussex Active Leadership Academy programme by the school sport coordinator and PE department because they have demonstrated flourishing leadership qualities throughout their time at school. This academy is aimed at providing training and volunteering opportunities to help develop outstanding sports leaders across Mid Sussex schools.

We kick off this year's programme with a 'Stepping Over the Sidelines', England football training course on **Wednesday 29 November 2023**. We hope your child will be able to come along to this event and meet sports leaders from other schools.

This is a wonderful chance for your child to develop and enhance their leadership skills and I hope your child finds the opportunity both challenging and enjoyable. The course will look at highlighting key attributes and everyday skills that are transferable to coaching in all sports and looking at next steps and potential opportunities if the students want to take coaching further.

As you may be aware, each secondary school from the Mid Sussex Active partnership has also selected their leaders and over the course of the year your child may work together, building new friendships and creating imaginative ideas as to how you will put your skills to the test to enhance their own and other students' experience of sport and physical education.

The first challenge will take place on **Wednesday 29 November** at **Ansty Sports Club** where your child will attend the 'Leadership Academy Launch'. Please wear smart PE kit with trainers and a warm waterproof jacket if needed. They will need to bring a packed lunch for the day.

Students will be traveling by minibus, which will leave at **8.10am**. Please meet outside the PE office in F block. The training will finish at midday so we will return to school by approximately 1.00pm. Students will need to attend period 5.

Please could you sign the permission slip below along with the 'Medical Questionnaire' and return to Mrs Currie no later than **Friday 10 November 2023**.

There is a cost of £10.00 to be part of this programme, it is a contribution to the cost of the leadership hoodie and resources and tutor cost of the official FA Training course we are running.

Should you have any questions regarding the information above, please do not hesitate to contact me at [scurrie@sackvilleschool.org.uk](mailto:scurrie@sackvilleschool.org.uk)

Once again, congratulations and thank you for all the time and effort that your child gives to both the school and the PE department with school sport, their help really is invaluable. I have every faith they will make an outstanding contribution to the Leadership Academy.

Yours sincerely

Mid Sussex Active Team



Please hand this into your PE Department by **Friday 10 November 2023**

### Permission

Please tick:

☐ I give permission for my son/daughter to attend the Leadership Academy Launch.

☐ I enclose the Medical Questionnaire

Student's name: \_\_\_\_\_

School: \_\_\_\_\_

Student's email address: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

All students will receive a Leadership Academy hooded jumper at the launch, for them to keep and wear when they are taking part in sports leadership sessions.

☐ I have transferred/paid (please delete as applicable) £10 as a contribution to the hoodie and training.

### Bank details:

**Account Name:** Mid Sussex Active

**Sort Code:** 30-18-30

**Account No:** 28694760

**Ref:** Surname / School (Imb; Sack; WP; Oat; StP; TBHA; Down)

# Parent/Guardian Consent Form and Medical Questionnaire

Off Site Trip to	<b>Ansty Sports Club</b>	Trip Date	<b>Wed 29 November 2023</b>
<b>Student Details</b>			
Students Name (in full)		Parent/Guardian Name & initials	
Tutor Group		Address	
Date of Birth			
Daytime phone number			
Mobile		Is this student's home address? If no please include address here.	
Night time phone number			
Alternative contact name & phone number			
<b>Medical Details</b>			
Name & Address of Doctor		Doctor's Surgery Phone number	
Has your child had any of the following medical conditions:			
Asthma or Bronchitis		Yes	No
Heart Condition		Yes	No
Fits, fainting or blackouts		Yes	No
Severe headaches		Yes	No
Diabetes		Yes	No
Allergies to any known drugs or medication		Yes	No
Any other allergies e.g. material, food, insect bites etc		Yes	No
Other illness or disability		Yes	No
Any recent contact with contagious diseases and infections		Yes	No
Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital?		Yes	No
Has your child been given specific medical advice to follow in emergencies		Yes	No
Has your child received in-patient or emergency medical care for any pre-existing conditions within the last 12 months?		Yes	No
<i>Further information to ensure your child is fully insured will be required if these circumstances apply.</i>			
<i>If the answer to any of these questions is YES please give details on a <b>separate sheet, which should be firmly attached</b></i>			
If deemed appropriate do you agree to paracetamol being administered to your child?		Yes	No
Has your child received vaccination against Tetanus in the last ten years?		Yes	No
<b>Dietary Requirements</b>			
Does your child follow a vegetarian diet?		Yes	No
Does your child have any special dietary requirements?		Yes	No
<i>If the answer is YES please give details on a <b>separate sheet, which should be firmly attached</b></i>			

I wish my son/daughter to be allowed to take part in the above mentioned school trip and, having read the letter, agree to his/her taking part in any or all of the activities described.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, they cannot be held responsible for any loss, damage, or injury suffered by my son/daughter in travelling to or from or taking part in any of these activities unless such loss damage or injury is directly attributable to the negligence of the said staff and/or helpers in charge of the party.

I consent to any emergency medical treatment necessary during the course of the trip.

Signed: \_\_\_\_\_

(Parent/Guardian) Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent/Guardian) Date: \_\_\_\_\_