

Dear Parent/carer

Year 5 Workshops at Malbank 2019

This year we will once again be running our successful programme of Year 5 workshops. These are fun and interactive sessions run in school and facilitated by our team of specialist staff. The departments running the workshops will include Art, Drama, English, Maths, Languages, Media and Science.

The workshops will run after school on Wednesdays 3.45pm - 4.45pm and will take place on the following days. Each workshop block will offer a different choice for your child.

Week	Workshops 1 27 Feb-27th March	Workshops 2 24 Apr-22 March	Workshops 3 12 June-10July
1	27/02/19	24/04/19	12/06/19
2	06/03/19	01/05/19	19/06/19
3	13/03/19	08/05/19	26/06/19
4	20/03/19	12/05/19	03/07/19
5	27/03/19	15/05/19	10/07/19
6		22/05/19	

Should you wish your child to be part of this exciting transition opportunity then please complete the attached application form and return it to Malbank School by Wednesday 27th February or email your interest to mxb@malbank.cheshire.sch.uk and I will have forms available at the first session.

If you would like to find out more then please contact me on the school number.

Kind regards

Mark Brisbane
Community Manager
Malbank School and Sixth Form College

Malbank School & Sixth Form College

Parent / Guardian Consent for Year 5 Workshops

(to be distributed with an information sheet giving full details of project)

Year 5 Transition Workshops February – July 2019

Day	Date
Term time Wednesdays	27th Feb to 10th July 2019
Start	Finish
3.45	4.45

I agree to from taking part in this visit. I agree to my son / daughter's participation in the activities detailed on the supplied information sheet and I acknowledge the need for him / her to behave responsibly throughout visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication?

Yes / No

If YES, please give brief details:

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b) Please outline any food or other allergies and special dietary requirements

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c) Any recent illness or accident staff should be aware of?

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

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Please turn over and fill in the details where indicated

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Emergency contact:

Name: Mobile:

Work: Home:

Home address:

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Email address:

Alternative emergency contact:

Name: Mobile:

Work: Home:

Home address:

Email address:

Family doctor: **Tel No.:**

Address:

As part of the activities your son / daughter are involved in the workshops Malbank School may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way?

YES / NO

Signed: **Date:**

Print full name (capitals):

THIS FORM OR A COPY MUST BE HANDED TO THE GROUP LEADER ON THE FIRST SESSION.