



ELLESMERE PORT CATHOLIC HIGH SCHOOL

'I have come so that they may have life and have it to the full' John 10.10

6th September 2018

Dear Parent/Guardian

Your child has applied to join the Ellesmere Port Catholic High School Science Club.

The Club meets every Tuesday and runs from 3.30pm to 4.30pm for 8 weeks, starting on Tuesday 18th September and finishing on Tuesday 13th November. If there are any changes to these times or dates you will be notified.

The Science Club is an out-of-school-hours club that offers children the chance to do Science-related activities that extend and enhance the Science they experience in the classroom. The Club uses the opportunity to explore areas of Science not covered by the curriculum and to give the Club members plenty of opportunities to do practical Science.

So that we can run the Club safely and securely we ask parents/guardians to complete the attached medical information/photographic consent form. Should any information relating to your child change, please let us know as soon as possible. All information is kept secure and confidential.

The school has a child protection policy and all staff and helpers are asked to go through relevant CRB checks. If you would like further information then please contact the Club Leaders at the address below.

If you have any queries, then please do not hesitate to contact us.

Yours sincerely

Mrs S Jones
Key Stage 3 Coordinator for Science



Capenhurst Lane, Whitby, Ellesmere Port, Cheshire CH65 7AQ
Tel: 0151 355 2373 Fax: 0151 355 7543
Email: admin@email.epchs.co.uk www.epchs.co.uk
Headteacher: Mrs C. Vile B.Ed. Hons, NPQH

In the Trusteeship of the R.C. Diocese of Shrewsbury and in partnership with our partner primary schools
Our Lady Star of the Sea, St Bernard, St Mary of the Angels and St Saviour, serving the pastoral area of Ellesmere Port.





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MEDICAL INFORMATION and PERMISSION SHEET

I agree to: (child's full name) taking part in Science Club at Ellesmere Port Catholic High School.

Current School:

1. Medical information about your child

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

.....

(b) Please outline any food or other allergies and special dietary requirements of your child:

.....

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

.....

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 that the school is covered by insurance. If I wish to view the extent and limitations of the cover provided, I will contact the school.

Contact telephone numbers:

Work: Home:

Mobile:

Home address:

Alternative emergency contact:

Name: Telephone number:

Address:

Photograph Consent:

I give permission for photographs and videos to be taken of my child, and to be used within any of the School's marketing and publication materials.

Signed:
(parent/guardian)

Date:

Name:

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