

5th May 2015 01639 861111 v.radmore@neath-porttalbot.gov.uk

Victoria Radmore

Dear Parent

During the summer I have organised a Festival of Sport for children aged 7 - 18yrs, with learning, physical, visual and hearing impairments.

(Priority to children with physical and visual impairment)

The purpose of the week is to provide opportunities for your child / children to feed into mainstream clubs.

This is **NOT** a respite service and we will only be excepting children who want to participate in a club based activity after the event.

The week's activities will include football, rugby, archery, canoeing, shooting and lots more.

The event will be held at:

Venue:Margam Country ParkDate: $24^{th} - 28^{th}$ AugustTime:9.30 - 3.00

Yours sincerely

Victoria Radmore Disability Sport Wales Development Officer

Please return to:

Library Head Quarters Reginald Street Velindre Port Talbot SA13 1YY Fax: 01639 861119

FESTIVAL OF SPORT $24^{th} - 28^{th}$ August 2015

Child/Children's Name:					
Address:					
Date of Birth:	Age:				
Disability:					
Contact number:	Mobile:				
Alternative names and telephone No's to be contacted in an emergency					
Name	Relationship to child				
Address					
Contact Number					
Transport Required	YES / NO				

Medical / Photographic Information

Name of G.P....

Telephone number of G.P....

Address.....

I authorise consent to any medical treatment deemed necessary to my child/children, should an accident occur and I cannot be contacted.

I authorise consent to Neath Port-Talbot Council for photographs/ video to be taken of my child/children for publicity through Physical Activity and Sport Service, Disability Sport Wales, Admiral Insurance and the Media.

Signed: Parent / Guardian

Medical Information

Does your child have any conditions requiring medical treatment?	YES/NO
If YES, please give brief details:	
Does your child have any allergies?	YES/NO
If YES, please give brief details:	

Any other information about the child that may be helpful

ONLY COMPLETE IF YOU WANT THE DISABILITY SPORT TEAM TO GIVE MEDICATION TO YOUR CHILD

Name(s) and prescribed dosage of medicine:

.....

Date and time of last dosage given:

Storage details:

Is the medication in the original container and prescribed to the above child? Yes/ No

Expiry date of medication?

I give my permission for the above medication to be given to my child in accordance with the details provided on this form.

Signed: Parent / Guardian

FOR DISABILITY SPORT USE ONLY – MEDICINE ADMINISTERED							
DATE	TIME	DETAILS	MEDICATION	SIGNATURE	PARENT		
		CHECKED			SIGNATURE		
		YES/ NO					