The Meadows Primary School
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Play Together, Learn Together, Achieve Together.

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Thursday 26th May 2022

Dear Parents,

Your child has been chosen to represent The Meadows at the **Oswestry and District Primary Schools Athletics Championships** on **Friday 10th June 2022** at **Queensway Stadium, Wrexham**. The event starts at **10:00am** and will be finished by **2:00pm** (approximately). Spectators are more than welcome to come and watch the events.

There are lots of events taking place on the day involving a variety of primary schools from Oswestry and the surrounding district. Please support us in ensuring that your child knows only to cross the track at appropriate times. The children will be taken to and from the competition by coach, however if you prefer to collect your child from the stadium please ensure that they are checked off on the register by **Mrs Evans** before you leave.

The children will wear their school PE kit (and the school athletics vest: provided on the day), but will need to bring:

- Plenty of fluids (no fizzy drinks, no glass bottles)
- A packed lunch
- Trainers
- Tracksuit (to keep warm between events)
- Waterproof coat
- Any medication needed (asthma, inhalers etc)
- Sun cream and hat.

Please complete the permission slip below if you would like your child to take part, and let me know immediately if your child is unable to attend so that I can arrange a replacement. Please note that we are now requesting two emergency contact telephone numbers for each child on the reply slip below. These numbers should be where we can contact you on the day of the event (Friday 10th June), should we need to.

Yours sincerely,

Mrs J Peebles
P.E. Co-ordinator

Oswestry and District Primary Schools Athletics Championships – Friday 10th June 2022

I give permission for my child _____ to take part in the Athletics Championships

Emergency Contact 1: Name _____ Tel No: _____

Emergency Contact 2: Name _____ Tel No: _____

Does your child suffer from any medical condition e.g., asthma or any other condition requiring medication? Yes/No (delete as appropriate)

Medical Condition: _____ Medication: _____

Signed: _____ (Parent/Guardian) Date: _____