

11th July 2018

MALTBY ACADEMY YEAR 5 TRANSITION – MAGIC MATHS

Dear Parent / Carer

As part of the extended secondary transition programme, Maltby Academy would like to invite year 5 children from Maltby Lilly Hall Academy to an afternoon of Magic Maths on Tuesday 17th July 2018.

We are delighted that Kjartan Poskitt, the children's author of the best selling Murderous Maths series, will once again be joining us to share his enthusiasm for the subject. He will provide an interactive and highly engaging Magic Maths experience with the aim of inspiring the next generation of mathematicians. Following this, there will be an opportunity for year 5 children to be involved in some interactive Maths challenges delivered by the Maltby Academy Maths team alongside student leaders.

Date	Year Group	Times / Travel	Transition Activity	Where	Lunch	Dress Code
22nd June 2018	Year 5	Escorted by MLHA Staff (walk) Arrive by 12.30pm Finish 2.30pm. Back to school before normal finish time.	Induction Day – Magic Maths	Maltby Academy	Lunch at MLHA (early)	Uniform

If you wish to ask any questions relating to the transition events please do not hesitate to contact Mr M Hallam on 01709 812864 or visit www.maltbyacademy.com.

Please complete the attached medical information for your son/daughter and return to reception by Friday 13th July 2018.

Yours faithfully

Mr R Pease
Associate Principal

Dream... **Believe...** Achieve

MEDICAL INFORMATION FORM AN EDUCATIONAL VISIT

School/Group: Maltby Lilly Hall Academy

Visit to: **Magic Maths**

From: Date/Time: 17.07.18

To: Date/Time: 17.07.18

Class: Y5

1. Name of Participant/student (insert full name) _____

Date of birth _____ Home address: _____

2. Emergency Contact information

a) Name of Parent or contact(s): _____ relationship to participant _____

Home address: _____

Contact telephone numbers:

Work _____ Home: _____ Mobile: _____

b) Alternative emergency contact: Name: _____ relationship to participant: _____

Address: _____

Contact telephone numbers:

Work _____ Home: _____ Mobile: _____

c) Name of participant's doctor: _____ Telephone number: _____

Address: _____

3. Return to Home.

I will attend to collect the participant Yes
or the participant will be returning home by _____

4. Medical information about the participant

a) Does the participant suffer from any conditions or have additional requirements which the visit leader needs to be aware of for example: medical conditions including any condition and previous injuries, that may restrict, or be aggravated by, physical activities; learning difficulties; emotional or mental health issues; illness; allergies; night-time tendencies (sleepwalking, bedwetting, nightmares); travel sickness etc? Yes No

If yes, please provide details: _____

b) Does the participant take medication? Yes No

If Yes, please give details, including how medication is administered, including details of medication, timing, dosage and any side effects the medication may have:

c) If the participant has been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication do you agree to the use of an emergency salbutamol inhaler? Yes No



