

May 2018

Dear Parent/Carer

As part of this term's CCF programme, I have arranged to take the cadets to Adrenaline Jungle in Nottinghamshire on Tuesday 3 July 2018 to participate in a laser tag activity. The cost of this activity is £10.00 per cadet, the remainder of the cost is being subsidised by the CCF. There are limited spaces available and these will be allocated on a first come first served basis.

We will be leaving school at 3pm and will return at approximately 7pm. Cadets need to be in school uniform for the day and can bring casual clothing and trainers to change into to wear whilst at Adrenaline Jungle. They will also need to bring a packed tea and drinks. **Please be aware that we have students who may be participating in this trip who have a serious nut allergy. Please avoid giving your son/daughter bagged nuts or products with a nut content, as even the smell can cause these students anxiety.**

Our preferred method of payment is via ParentPay. If you wish to pay by cheque please complete and return the attached Parental Consent Form and send it, together with your payment, to reception as soon as possible; ensuring your child's name and Tutor Group are written on the reverse. If you require a PayPoint barcode please contact the school as soon as possible. Places are limited and will be allocated on a first come, first served basis.

Yours sincerely

Plt Officer E Parkin
Section Officer
Heanor Gate CCF



TRIP CONSENT, CONTACT AND MEDICAL FORM

Please return to Reception

PLEASE COMPLETE ALL SECTIONS

Student's name		TG	
Trip / Visit to	CCF trip to Adrenaline Jungle, Nottinghamshire		
Cost	£10.00	Cheque <input type="checkbox"/>	Parentpay → If you have paid via ParentPay you DO NOT need to complete this form
Date(s) From	Tuesday 3 July 2018	Times	
Teacher in charge	Plt Officer E Parkin		

Student Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Email			

Alternative contact	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please circle as appropriate

Does your child suffer with a medical condition that requires regular treatment?	Yes <small>continue below</small>	No
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My child suffers from .. (e.g. asthma)			
.. and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

Please circle as appropriate

I would like to discuss my child's medical condition with trip leader	YES NO
My child has had an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

Inhalers and "Epipens" may be kept by the student with spares given to the teacher in charge.

I give authorisation for my child to keep an inhaler with them and use it as required	YES NO
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Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies <i>(If Yes, please give details below)</i>	YES NO

Additional Information

Please include any additional information as required

Photography/Video - Please tick the box if you DO NOT give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website.	<input type="checkbox"/>
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Please ✓ if appropriate

Declaration by Parent/Carer (or student if over 18)

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child 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.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

Signature		Date	
Print name			