

January 2018

Dear Parent/Carer

The school's CCF is hoping to enter two teams into a regional RAF competition on Saturday 20 January 2018 at RAF Honington in East Anglia.

All cadets will need to meet at the CCF building in school at **6.00am**. I understand that this is very early for a Saturday but we need to arrive at RAF Honington by 9.30am for a briefing to all teams. The competition will commence at 10.00am.

Cadets are to travel in civilian clothes with their smartly pressed uniform on coat hangers. There will be facilities available for changing.

Dress for the cadets is Blues, jersey and Wedgewood shirt with tie (Windsor knot) and highly polished shoes. Combat uniform and boots are required for the shooting event. Sports kit and trainers are needed for the fitness test. Cadets are to take all uniform types listed in case they are needed for an event.

We will be at RAF Honington all day and cadets will need to bring a packed lunch with them. **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.**

The teams will probably be waiting around at times for the event to begin so they may want to bring something to entertain themselves.

The final event is at 3.00pm and we will leave immediately after. Our estimated time of arrival back at school will be 6.30pm. Cadets will have the opportunity to call home if the timings change.

Please complete, sign and return the tear off slip to Main Reception as soon as possible.

Yours sincerely



SSGT M Jackson  
SSI  
Heanor Gate Science College CCF



**HEANOR GATE SCIENCE COLLEGE  
TRIP CONSENT, CONTACT  
AND MEDICAL FORM**



Please complete and return to Student Reception

**PLEASE COMPLETE ALL SECTIONS**

Student's name		RG	
Trip / Visit to			
Cost	£ free		
Date(s) From	Saturday 20 January 2018	Teacher in charge	SSGT M Jackson
Times	Leaving school at 6.00am, returning at approximately 6.30pm		

**Student Contact Details**

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

<b>Alternative contact</b>	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

**Medical Information**

Name of doctor		Tel no	
Address of surgery			

*Please delete as appropriate*

Does your child suffer with a medical condition that requires regular treatment?	<b>Yes</b> continue below	<b>No</b>
--	------------------------------	-----------

My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

My child also uses the following over-the-counter medication	<b>Name of medication</b>	Dose	Frequency

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

*Please delete as appropriate*

I would like to discuss my child's medical condition with trip leader	YES NO
My child has 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

**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.**

**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 <i>(Please delete as applicable)</i>	YES NO
---	--------

### **Dietary Information**

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

### **Additional Information**

Please include any additional information as required

<b>Photography/Video</b> - Please tick the box if you <b>DO NOT</b> 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.	
---	--

### **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	
<i>Print name</i>			