

October 2016

Dear Parent/Carer

The school's CCF will be going flying at RAF Cranwell on Thursday 20 October 2016. Only 8 places are available and cadets will be randomly selected. Priority will be given to those cadets who have yet to fly (providing they have passed their part 1 syllabus). Please return the consent form if your child is available to go flying. This doesn't mean that your child will be guaranteed a place but will be eligible for selection.

Cadets should bring a packed lunch and something to drink and must have eaten breakfast. They are to attend in RAF uniform and should wear (or bring) soft soled shoes (not leather soled or metal tipped), trainers are fine and socks that cover the ankles and reach to mid-calf should be worn, particularly for females. Cadets are required to bring their school uniform and equipment in the event that flying is cancelled in the morning before we depart for RAF Cranwell. Their cadet ID card is also required. **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.** If your child is entitled to free school meals and requires a packed lunch on the day, please tick the relevant box on the attached form.

Cadets should wear (or bring) trousers or tracksuit bottoms to wear under the flying suit. Leggings are also fine for girls who prefer to travel in skirts. Sunglasses are recommended to be worn when airborne. On sunny days it is quite uncomfortable without them. Flying suit, helmet and gloves will be provided.

We will be leaving school at 1000 and returning at approximately 1800. If we are delayed for any reason, students will be able to call home to inform you.

The new medical form issued by the RAF that is required prior to any flying is only valid for three months from the date of signing, this will be attached to the letter. If you answer yes to any of the questions on this form, then another type of form must be initiated and signed by your GP. This form is valid for two years. Please return all forms to student reception as soon as possible.

Yours sincerely

SSGT Marc Jackson
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	CCF Flying at RAF Cranwell				
Cost	£ free	Cash/Cheque	<input type="checkbox"/>	ParentPay →	<i>If you pay via ParentPay you do not need to complete this form</i>
Date(s) From	Thursday 20 October 2016		Teacher in charge	SSGT Marc Jackson	
Times	1000-1800		My child is entitled to free school meals and I would like to request a packed lunch		

Please mark with ✓ if appropriate :

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 mark with X if appropriate :

My child does not suffer from any medical condition requiring regular treatment.	<input type="checkbox"/>
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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

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 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
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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)</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.	
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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			