

May 2017

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 20 June 2017, to participate in a laser tag activity. The cost of this activity is £5.00 per cadet. The remainder of the cost is being subsidised by the CCF.

We will be leaving school at 3.00pm and will return at approximately 7.00pm. Cadets should bring casual clothing and suitable footwear to change into after school. Students can bring snacks/drinks if they want to. 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 choose this option you do not need to complete the attached Parental Consent Form. If you wish to pay by cheque please complete, sign and return the slip below and send it, together with your payment, to Student Reception as soon as possible, placing it in a sealed envelope with your child's name, RG group and the name of the trip on the front. Please make cheques payable to Heanor Gate Science College.

Yours sincerely

Plt Officer E Parkin
Section Officer
Heanor Gate 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 trip to Adrenaline Jungle, Nottinghamshire | | | | |
| Cost | £5.00 | Cash/Cheque | <input type="checkbox"/> | ParentPay | → <i>If you pay via ParentPay you do not need to complete this form</i> |
| Date(s) From | Tuesday 20 June 2017 | | Teacher in charge | Mrs E Parkin | |
| Times | Leaving school at 3.00pm, returning at 7.00pm approximately. | | | | |

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. | |
|---|--|

| | | | |
|--|--------------------|------|-----------|
| 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 |
|---|--------|

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 |
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|---|--|
| 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. | |
|---|--|

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 | | | |