

November 2016

Dear Parent/Carer

As you may be aware, Sunday 13 November 2016 is Remembrance Day. The school's CCF is hoping to attend this year's parade in Heanor Market Square, alongside the Royal British Legion and other cadet forces from the region.

We will meet at school and then travel by minibus to Heanor and return back to school after the parade (all timings are yet to be confirmed).

Please complete, sign and return the attached Parental Consent Form to Student Reception as soon as possible so we know how many cadets will be attending. If you are happy for your child to make their way home from Heanor after the parade, please indicate this on the form.

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	CCF Remembrance Day Parade, Heanor		
Cost	£ free		
Date(s) From	Sunday 13 November 2016	Teacher in charge	SSGT M Jackson
Times	To be confirmed	I am happy for my child to make their own way home after the parade <input checked="" type="checkbox"/>	

**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 mark with X if appropriate :*

My child does <b>not</b> 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

<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.	
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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			