

24 April 2017

Dear Parent

**Hillingdon Borough Athletics Championships – Year 9 and Year 10**

I am writing to inform you that your child has been selected to represent the school at the Hillingdon Borough Athletics Championships on Wednesday 3rd May 2017.

Students will leave the school at 8.40am and travel by minibus to and from Hillingdon Track,returning to the school at 3.30pm.

All participating students must ensure that they bring the following items to the tournament:

* UHS PE Kit (Rugby shirt, shorts and socks)
* Bottled water
* A warm layer of outer clothing
* Waterproof jacket
* Packed lunch and snacks

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided for this trip.

Please email [dfoyle1@uhs.org.uk](mailto:dfoyle1@uhs.org.uk) to confirm whether your child will or will not be attending the tournament.

By consenting, you agree to:

* Your child taking part in the visit as detailed above
* A member of staff giving consent for your child to receive appropriate medical treatment in the event of an emergency

If you have any queries, please contact me at the school on 01895 234060.

Yours sincerely

**D Foyle**

**Physical Education Teacher**

**EMERGENCY CONSENT FORM**

**VISIT TO HILLINGDON BOROUGH ATHLETICS CHAMPIONSHIPS**

Please return to Miss Foyle by 28th April 2017

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| **FULL NAME OF STUDENT:** |  | | |
| **DATE OF BIRTH:** |  | | |
| **PLACE OF BIRTH:** |  | | |
| **NATIONALITY:** |  | | |
| *(Please note if your child was born outside the UK, full details of both parents will also be required. A student who is not a British National will need to bring his or her own passport.)* | | | |
| **PARENT NAME:** |  | | |
| **PARENT SIGNATURE:** |  | **DATE:** |  |
| **DAYTIME CONTACT NO:** |  | | |
| **MOBILE TELEPHONE NO:** |  | | |
| **HOME TELEPHONE NO:** |  | | |
| **ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS:** |  | | |
| **ALTERNATIVE EMERGENCY CONTACT DETAILS:** | | | |
| **NAME:** |  | | |
| **CONTACT TELEPHONE NO:** |  | | |

If your child suffers from Asthma or requires an Epipen, it is your responsibility to ensure that the appropriate medication is provided.

By completing this form, I have given permission for my child to be given first aid or urgent medical treatment during any school trip or activity.

If there are any medical reasons why your child may not participate in any of the planned activities please inform the trip co-ordinator.