18/01/2017

Dear Parent

**Hillingdon Middlesex Schools’ Cross-Country Championships**

I am writing to inform you that your child has been selected to represent the school at the Hillingdon Middlesex Schools’ Cross-Country Championships on the Thursday 25th January 2018.

Students will leave the school at 12pm and travel by coach to and from Harrow School,returning to the school between 4:30 and 5pm.

You may of course wish to take your child to and from the event yourself. If this is the case, please note on the permission slip below and then meet the team on the school playing fields upon your arrival.

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

* UHS PE Kit ONLY (PE top, shorts and socks)
* Bottled water
* A warm layer of outer clothing including gloves
* Waterproof jacket
* Packed lunch

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 twolf@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

**T Wolf**

**PE- Sport & Education Coordinator**

**EMERGENCY CONSENT FORM**

**VISIT TO HARROW SCHOOL**

Please return to Mr Wolf by 19th January 2018

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| --- | --- |
| **FULL NAME OF STUDENT:** |  |
| **DATE OF BIRTH:** |  |
| **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.