

October 2019

Dear Parent

### **Borough Cross Country Championships, Vyners playing fields**

I am writing to inform you that your child has been selected to represent the school at the Hillingdon Borough Cross Country Championships on the Friday 15<sup>th</sup> November 2019.

The boys team will leave at 09:00 and return to school at 11:15 and the girls team will leave school at 12:15 and return to school at 14:30. Both teams will travel to and from Vyners playing fields by school minibus.

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

- UHS PE Kit ONLY (Rugby shirts, PE top, shorts and socks)
- Bottled water
- A warm layer of outer clothing
- Waterproof jacket
- Packed Lunch
- Running spikes and base layers can be bought with students but are optional

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 [pe@uhs.org.uk](mailto:pe@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**  
**Head of Windsor House/PE Teacher**

Principal: Nigel Clemens BSc, MA

The Greenway, Uxbridge, Middlesex UB8 2PR t: 01895 234060 f: 01895 256738 e: [office@uhs.org.uk](mailto:office@uhs.org.uk) w: [www.uhs.org.uk](http://www.uhs.org.uk)



**EMERGENCY CONSENT FORM  
VISIT TO VYNNERS PLAYING FIELDS**

Please return to Mr Wolf by Monday 11<sup>th</sup> November.

**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.