

October 2019

Dear Parent

Swift Road Outdoor Sports Centre – Year 10

I am writing to inform you about a school visit to the Swift Road Sports Centre on Friday 1st November. Students will take part in the Junior Football Leader Qualification course. The course provides a basic introduction to the leadership skills required when involved in football.

Students will leave the school at 08:30 and travel by minibus to and from the Swift Road Sports Centre, returning to the school at 17:00.

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
- Shin pads
- Trainers and football boots

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 rgardner@uhs.org.uk to confirm whether your child will or will not be attending the course.

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

**R Gardner
PE Teacher**

Principal: Nigel Clemens BSc, MA

The Greenway, Uxbridge, Middlesex UB8 2PR **t:** 01895 234060 **f:** 01895 256738 **e:** office@uhs.org.uk **w:** www.uhs.org.uk



**EMERGENCY CONSENT FORM
VISIT TO SWIFT ROAD SPORTS CENTRE**

Please return to Miss Gardner by Monday 28th October

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.