



AIR FORCE JUNIOR RESERVE OFFICER TRAINING CORPS
WILLIS HIGH SCHOOL
TX-200210


16 October 2023

MEMORANDUM FOR PARENTS/GUARDIANS OF AFJROTC CADETS

FROM: WHS AFJROTC SASI

SUBJECT: Space Center Houston Curriculum in Action (CIA) Trip

1. We will take our first CIA trip to Space Center Houston on 26 October 2023. Bus loading will begin at approximately **9:00 AM** and the bus will depart the school parking lot at approximately 9:15 am on Thursday, 26 October 2023, and return approximately 2:30 pm on Friday, 27 October 2023. Cadets should be dressed in AFJROTC travel shirt (JROTC provided), "school appropriate" slacks/jeans, and appropriate footwear is a must—no flip flops, sandals, slides, slippers, or Crocs.
2. Space Center Houston's Stars & STEM program's activities will take place in the afternoon and finishes at approximately 10:00 pm on the first day with dinner included. During the course of the evening our cadets will build a model rocket and calculate its trajectory, program a robot to navigate a course, and design and test a lander. The evening will culminate in a night time rocket launch. After that, we will depart the Space Center for our hotel accommodations. We have made reservation to stay overnight at the South Shore Harbour Resort in League City, TX. The next morning, we will return to the Space Center for a private tour of the Space Vehicle Mockup Facility where Astronauts train for upcoming missions and tour the Rocket Park. After our tour, we will have free time to explore all that the Space Center has to offer. Cadets will only need to bring a tooth brush, tooth paste, grooming items, and a change of clothes (an additional travel shirt or PT shirt) for day two. Also, due to limited space on the school bus, cadets cannot bring extra items—all their items must fit in a small backpack. The cadets will be provided with two meals at no additional cost: dinner on day 1 at Space Center Houston and breakfast on day 2 at the hotel. If your cadet has special dietary needs or food allergies please let us know immediately. A snack bar and gift shop are available should cadets choose to bring extra funds. Also, we will stop for lunch on our return trip so cadets will need money for that. We recommend no more than \$60 cash, spending money, be taken by any one cadet.
3. Please complete the attached Medical Information Form (required for all participants). Finally, should your child misbehave or have a medical problem—you will need to come pick them up. If you need to contact us (emergency only), you may call my cell at (805) 717-0479 or SMSgt Bell at (936) 522-8981.
4. If you have any questions at all please contact me at my e-mail address: vjefferson@willisisd.org or SMSgt Bell at: cbell@willisisd.org.


VINCENT B. JEFFERSON
Colonel, USAF (Retired)
Senior Aerospace Science Instructor

Attachment:
Medical Information Form

Educational Programs

Medical Information Form



Each participant, student and adult, needs to complete a Space Center Houston Medical Information Form. The lead chaperone of the group needs to have this document on their person during the entire Stars & STEM event.

Participant Information PLEASE PRINT NEATLY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Participant First Name	Middle	Last Name	Date of Birth	Age	Gender
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Contact Parent/Guardian #1			Relationship	Daytime Phone	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Contact Parent/Guardian #2			Relationship	Daytime Phone	

Allergies

☐ No known allergies Participant is allergic to: ☐ Food ☐ Other

Please list all allergies below:

Participant does have an Epi-Pen? ☐ YES ☐ NO

*If participant is bringing an Epi-Pen, SCH is required to have a current, signed Physician's Authorization Form four (4) weeks prior to the first day of program. SCH cannot administer medication to participants without physician authorization. Participants are required to bring Epi-Pens each day.

Restrictions

If your child has a disability, impairment, or condition that requires medication or other accommodations, please inform SCH of your child's needs below, prior to program, to ensure that SCH is prepared to address your child's needs. Once a parent/guardian submits a modification request, SCH will consider that request on a case-by-case basis and will attempt to accommodate your child within a reasonable amount of time.

Does your child have a disability, impairment, condition that requires medication, or any other accommodations?

☐ YES ☐ NO If yes, please describe below:

Parent/Guardian Authorization

My child has permission to engage in all prescribed program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including activity limitations, or conditions which should be known to the camp staff and medical personnel. I give consent in advance for medical treatment at the closest facility in case of illness or injury.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Custodial Parent/Guardian	Date	Relationship to Participant