

10<sup>th</sup> October 2016

## **Brussels**

Dear Parents & Carers,

- 1) You should have by now paid the deposit to secure your child's place on the Brussels trip. The second instalment of £30 should also have been paid. If payment has not been made, even though the permission slip was handed in, your child's place is not secure.

Timings	Meet at 4.30am on Friday 2 <sup>nd</sup> December, return circa 9pm
Cost	£120 non FSM / £110 FSM
Travel	Bus to St Pancras, Eurostar to Brussels
Instalments	<b>Deposit £50, 30<sup>th</sup> Sept. £50, 30<sup>th</sup> October £20</b>

- 2) Please apply for **European Health Insurance Card**. You can do this by either ringing **0300 3301350** or you can apply online:

<http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx>

It is quick and easy to apply and does not cost anything; all you need is your **name, date of birth** and **national insurance number** (or NHS number). Beware of unofficial websites, which may charge if you apply through them. The card takes about a week to arrive, please could you ensure that your child has the European Health Insurance Card ready for the trip to Germany or France. These will be looked after by the trip leader for the duration of the trip but are essential in case medical assistance is required.

- 3) An information evening will be held on **Thursday 3rd November** at **6pm**, in the **Commons**. We would strongly advise your attendance where possible to answer any questions you may have.

4) Please complete the medical form attached with this letter and return at the Information Evening or no later than **Thursday 3rd November**. This information needs to be submitted to the coach companies as soon as possible.

5) Please check your child's passport is valid. We are not able to take pupils if they do not have a valid passport. **We will need a photocopy of their passport photo page**. Please bring this with you to the Information Evening or no later than **Thursday 3rd November**.

If you have any questions, please do not hesitate to contact me.

Yours sincerely

Beth Sherman  
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**SCHOOL TRIPS PARENTAL / GUARDIAN CONSENT,  
MEDICAL RECORDS AND CONTACT DETAILS**

This form must be completed and returned to the teacher in charge of the visit or trip,  
before any student can be allowed to participate.

**Parental Consent**

First name		Family name:	
Date of Birth		Form:	
Trip / Visit to	BRUSSELS		
Date(s) From	Friday 2nd December	To	Friday 2nd December
<i>I agree to my son/daughter taking part in the above mentioned Trip / Visit</i>		Parent or Guardian's signature	

**Student Contact Details**

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Student Mobile		Home	
Parent Mobile		Work	
Alternative contact	Relationship to student :		
Address			
Name		Home	
Mobile		Work	

**Medical Information**

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate :

My child does <b>not</b> suffer from any medical condition requiring regular treatment.	
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My child suffers from			
and has been prescribed the following medication	<b>Name of medication</b>	<b>Dose</b>	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	<b>Dose</b>	Frequency

My child has an <b>allergy</b> to the following:	<b>Allergic to</b>	<b>Type of reaction</b>

*Please delete as appropriate*

I would like to discuss my child's medical condition with the teacher in charge.	<b>YES NO</b>
My child has an up to date tetanus injection.	<b>YES NO</b>
I am willing for my child to be given with "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, plasters, insect bite antihistamine.	<b>YES NO</b>

**Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.**

**Inhalers and "Epipens" may be kept by the pupil with spares given to the teacher in charge.**

**Dietary Information**

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies, halal	(please give details)	<b>YES NO</b>

**Additional Information**

Please include any additional information as required

**Declaration by Parent/Guardian (or student if over 18)**

1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
2. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.

<b>Signature</b>		<b>Date</b>	
<b>Print Name</b>			