

4th February 2019

Dear Parent/Carer

Years 9 / 10 France and Germany Discovery Week Trips

We are well underway with the preparations for our trip to France and Germany during Discovery week. As part of this we need to collect certain information regarding your daughter's passport, medical issues and dietary requirements. Please complete the attached form with all the relevant details. This needs to be returned to the Admin Office by **Friday 15th February 2019.**

For safety and security reasons, and to enable us to complete all the relevant legal documentation, we will also need a clear photocopy of your daughter's passport which will be kept on record until the end of the trip at which point it will be destroyed. This is only in case of loss of, or damage to, the passport during the trip. For the same reason, we also ask that you provide us with a **copy of** your daughter's *European Health Insurance Card* (EHIC). If you need information on getting a card for your daughter, please visit this website for more information:

www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx.

Please check the appropriate website below for details regarding a VISA for entry clearance into France and Germany, if you do **not** hold a British or EU passport.

- France www.gov.uk/foreign-travel-advice/france/entry-requirements
- Germany www.gov.uk/foreign-travel-advice/germany/entry-requirements

You are responsible for applying for this visa in good time and a copy of this will be required before departure.

We would ask that when the form is returned, your daughter also brings her valid passport and EHIC card, or a photocopy of them, with her. A reminder that, in order to travel, passports require at least 6 months left before expiry at time of travel (*ie*: January 2020). If this raises a concern, please feel free to contact Mme Jonchier as regards the French Trip and myself for the German Trip.

Yours sincerely,

RJ Taylor

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MEDICAL AND DIETARY DETAILS
MFL Discovery Week Trips July 2019

In which trip is your daughter participating? *(Delete as appropriate)*

FRANCE

GERMANY

Pupil's Full Name: _____ *(as written on passport)*

Home Contact Name/s: _____

Home Contact Number/s: _____

- Passport Number _____ EHC Card Number _____
- Does your daughter require a visa to travel outside the UK? Yes / No
*(Only for pupils with a **non-EU** passport)*
- *My child does **not** suffer from any pre-existing medical condition requiring treatment.
- *My child suffers from..... which may affect her taking part in the activities on the journey.
- *My child suffers from.....which requires treatment.
Please specify the treatment:
.....
- *Known allergies to drugs or other medication e.g. penicillin and plasters. Please specify:
.....
- *Dietary Requirements and allergies. Please specify:
.....
.....

(*Delete as appropriate)

- I undertake to inform the school if my child or any member of the family suffers from any infectious disease within 21 days prior to the visit.
- I consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of the visit.

Signature of Parent/Carer _____

Date _____

Name of Parent/Carer _____

Date _____

PLEASE COMPLETE THIS CONSENT FORM AND RETURN IT ALONG WITH A COPY OF YOUR DAUGHTER'S PASSPORT AND EHC CARD TO THE ADMIN OFFICE BY FRIDAY 15th FEBRUARY.