

4th February 2019

Dear Parent/Carer

Year 10 Iceland Trip

We are well underway with the preparations for our trip to Iceland 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**.

For safety and security reasons, and to enable us to complete all the relevant legal documentation, we will also need a 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 the number on 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:

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

Please check www.ukba.homeoffice.gov.uk/travellingtotheuk/beforetravel/entryclear/ for details regarding a VISA for entry clearance into Iceland, if you do not hold a British or EU passport.

We would ask that when the form is returned, your daughter also brings a valid passport, or a photocopy of it, with her. A reminder that, in order to travel, passports usually require at least 6 months left before expiry. If this raises a concern, please feel free to contact me.

Yours sincerely

Mr J Short
Subject Leader for Key Stage 4 Science

MEDICAL AND DIETARY DETAILS
Iceland 2019

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

Home Contact Name: _____

Home Contact Number: _____

Passport Number _____ EHIC 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 EHIC CARD TO THE ADMIN OFFICE BY FRIDAY 15TH FEBRUARY.