

6 November 2014

Dear Parent/Guardian

VISIT TO RHINELAND, GERMANY - SUNDAY 14 – THURSDAY 18 JUNE 2015
YEAR 8 GERMAN

I am arranging a visit from Sunday 14 June to Thursday 18 June 2015 for Year 8 boys studying German to Oberwesel in the Rhineland. The purpose of the visit is to improve students' German language skills and cultural knowledge.

Travel will be by Eagle Line Coaches and Seafrance ferries; a more detailed itinerary will be issued nearer the time. The initial deposit of £75.00 is non-refundable. There will be two further payments: £165.00 due by 28 February and £160.00 due by 27 March 2015. All pupils will be covered by the School's insurance policy. Please note that boys will require their own valid Passport and a current European Health Insurance Card.

Depending on final numbers, the cost of the visit is estimated to be approximately £400.00 per student, which covers the coach/ferry fare, excursions and full board accommodation at the Jugendgästehaus in Oberwesel.

I hope that your son will be able to participate in this trip. Places are limited and will be allocated on receipt of the deposit cheque. However, if the trip is oversubscribed, priority may be given to boys who are studying German as their first language.

Payment:

The deposit must be by cheque made payable to 'Bishop Wordsworth's School' (please write your son's name, tutor group and 'Y8 Rhineland' on the reverse). Please also complete the attached Parental Consent Form, writing your son's name exactly as it appears on the Passport (for ferry booking) and enclose both items in a named envelope marked with 'Y8 Rhineland Trip'. This must be posted in the grey safe (adjacent to registers) in the Chapel Block. The deadline for replies is **Friday 21 November 2014**.

Please do not hesitate to contact me at school if you have any queries.

Yours sincerely

Miss S Harper
German Teacher
slh@bws.wilts.sch.uk

BWS - EDUCATIONAL VISIT & ACTIVITY PARENTAL CONSENT & INDEMNITY FORM 4

*This form is only required for **Overnight Visits**. When completed by parents of SWGS girls who are attending BWS-led joint visits, the word 'son' shall be deemed to mean 'daughter'.*

NAME OF TRIP	YEAR 8 GERMAN TRIP		
DATE OF TRIP	JUNE 2015		
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to	OBERWESEL, RHINELAND, GERMANY		
From	14/06/15	To	18/06/15

I agree to my son taking part in the above trip. I have read the information sheet attached and agree to him participating in all of the activities described.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

MEDICAL INFORMATION

Does your son suffer from any conditions requiring medical treatment, including medication?

If yes, please give details:-

Does your son have any other conditions which the staff should be aware of, such as bed wetting, severe homesickness or sleep walking?

If yes, please give details:-

To the best of your knowledge, has your son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?

If yes, please give details:-

Has your son received a tetanus injection in the last five years?

If yes, please give date:-

Is your son allergic to any medication?

If yes, please give details:-

Please outline any special dietary requirements or food allergies of your son:-

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I agree for my son to be given the following medication if required:

Paracetamol	Yes	No	
Ibuprofen	Yes	No	
Imodium	Yes	No	
Rehydration sachet	Yes	No	

DECLARATION

I undertake to inform the Head Master as soon as possible of any change in medical circumstances between the date signed and the commencement of the journey.

I agree to my son receiving such emergency medical treatment, including :-

Anaesthetic as considered necessary by the medical authorities present.

Yes	No
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If the trip/activity is to be covered by the Schools' policy, a summary of cover is available from www.bws.wilts.sch.uk under Letters Home. On the occasions that the cover is provided by a third party organisation, a copy of the insurance cover provided will be made available by the trip leader.

I understand the extent and limitations of the insurance cover provided

Yes	No
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CONTACT INFORMATION FOR THE PERIOD OF THE TRIP/ACTIVITY

Home Address	
Work Telephone No.	
Home Telephone No.	
Email address	

Please provide an alternative contact if you are not available

Name		Relationship	
Telephone No.			
Address			

Signed by
PARENT/GUARDIAN

Please Print Name		Date	
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**Please return to Mrs A Lloyd-Gilmour, School Trips Co-ordinator
Bishop Wordsworth's School, 11 The Close, Salisbury SP1 2ED**

A copy of this form will be taken by the leader of any offsite trip or activity.