



11 November 2015

Dear Parent/Guardian

YEAR 8 SPANISH TRIP TO BEJAR 27/6-1/7 2016 (For 8J ,O and P)

The Spanish Department is planning to organise a visit to Bejar in Northern Spain for Year 8 pupils. This is an active trip involving meetings and joint activities with Spanish students, cultural and linguistic excursions, including cookery, singing, hiking, swimming, football and a guided trip with activities to the city of Salamanca and possible excursions in Madrid (depending on flight times). The total cost of this trip will be approximately £600.

This is a tailor-made trip which we have been organising successfully since 2007, organised by a trusted and excellent Spanish company, providing the boys with a genuine opportunity to experience Spanish daily life alongside students their own age. It would especially suit the more sociable, adaptable and active students as well as those quieter ones with a real interest in Spanish life and culture.

Dates	Times	Cost	Requirements
From: 27/6/2016	Leaving: am	Deposit: £250 to cover air fare	Own up to date passport EHIC, please send copy of page with name +EHIC when place on trip is confirmed.
To: 1/7/2016	Returning: pm	Balance:2 instalments : Jan 2016 :£250 Feb 2016 : Approx. £100	

Deadline for deposit payment: Monday 30 November 2015

PAYMENTS:

Please pay online via: www.scopay.com. If you need a link code please email amh@bws.wilts.sch.uk (link codes are only needed for online account set up)

No pupil will be barred from the trip on account of non-payment, but if total payments do not cover the cost of the trip then regrettably it will have to be cancelled.

Your son will be covered by the school's insurance during this trip; a copy of which is available on the school website. Please ensure that we have current emergency contact details and details of any medical conditions and that your son takes all necessary medication with him on this trip.

Yours sincerely

F C Matthews
Spanish Department
fcm@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 TRIP TO BEJAR , SPAIN		
DATE OF TRIP	27/6/206-1/7/2016		
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to

From		To

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:-

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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:-

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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:-

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

If yes, please give date:-

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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-school.org.uk under Parent Portal / Useful Documents. 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	

**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.