



15 December 2015

Dear Parent/Guardian

GREECE, CLASSICAL CIVILISATION - EASTER 2016

The Classics Department is planning to organise the following visit for Year 12 and 13 pupils and your son/daughter has expressed an interest in joining us on our proposed trip to Greece during Easter 2016. The tour is for 6 days/5 nights.

The cost of the trip includes flights, taxes and transfers, full board and coach travel in the UK and within Greece. If this amount proves to be more than the final cost any surplus will, of course, be refunded to you or, with your permission, to your son or daughter towards the end of the trip.

There is an initial non-refundable deposit of £250.00 required no later than the 8 January 2016. The final balance of £500.00 will be due 8 weeks prior to departure, which is early February.

Whilst there, we will stay at two hotels and visit several places of classical interest: Athens, Epidaurus, Mycenae, Olympia, Delphi and Corinth. Each of these sites plays an important part in your son/daughter's course.

Dates	Times	Cost	Requirements
From: 28 March 2016	Leaving: BWS Time tbc	Deposit: £250.00	
To: 2 April 2016	Returning: BWS Time tbc	Balance: £500	

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)

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/daughter takes all necessary medication with him/her on this trip.

Yours faithfully

Mr I Owen

Head of Classics

iio@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			
DATE OF TRIP			
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:-

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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	
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**Please return to Mrs A Herberts, Finance Office
Bishop Wordsworth's School, Exeter Street, Salisbury SP1 2ED**

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