



18 December 2015

Dear Parent/Guardian

French Immersion Course – Y13

The French Department is planning to organise a French Immersion Course for Year 13 pupils. All activities will be in French and there will be dedicated practice for the forthcoming speaking exam. The cost is fully inclusive of all activities and meals except those taken during travel to and from the centre. Please visit the website for more details of possible activities. <http://www.the-chateau.com/sixth-form-programme>. Transport to Portsmouth will be by school minibus and then the Chateau will provide a shuttle to their centre. On return, I would like to ask parents to pick their sons up from Portsmouth. Please note that the trip will not run if numbers are insufficient.

| Dates | Times | Cost | Requirements |
|-------------------|----------------------|--------------|--------------|
| From: 1/3/2016 | Leaving: TBC am | Deposit: £75 | |
| To: 6/3/2016 | Returning: TBC pm | Balance:£360 | |

Deadline for deposit payment: 15/1/2016

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 takes all necessary medication with him on this trip.

Yours sincerely

Helen Gosse
French Department
hmg@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 |
|-----|----|

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 |
|-----|----|

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 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.