



09 March 2016

Dear Parent/Guardian

Biology Field Course 26-27 June 2016

Thank you for paying the deposit for the one night residential field course at Leeson House Field Studies Centre, Langton Matravers in Dorset. I am delighted that almost all the year 12 biologist have signed up for this field course as it will enable us to use it very productively to complete the relevant practical skills tasks.

Further to my initial letter we are now in a position to determine the overall cost and I am pleased to report that we have managed to keep the cost below £100.

We would now ask parents to pay the balance of £55, bringing the total to £95.

Dates	Times	Cost	Requirements
From: 26 June	Leaving: 8.30	Deposit paid £40.00	Boys need to bring a packed lunch for Sunday. Suitable outdoor clothing
To: 27 June	Returning: Approx. 17.00	Balance: £55.00	

Deadline for deposit payment: 24 March 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).

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.

Please could you also complete the attached indemnity form and return it to Mrs Miles as soon as possible if you have not already done so.

Yours faithfully

Mrs Shirley Madzarevic

Head of Biology Department

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	Biology Field Course		
DATE OF TRIP	26-27 June 2016		
FULL NAME OF CHILD		TUTOR GROUP	

Details of Journey/Visit:

Journey/visit to

Leeson House Field Studies Centre, Langton Matravers, Dorset			
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	

**Please return to Mrs Nikki Miles, School Secretary & Head Master's PA
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.