

## INFORMATION SHEET FOR PARENTS/CARERS (TYPE B Exchange Visits)

The school has organised an educational visit detailed below. If you wish your child to take part in this educational visit please complete the attached parental consent and medical information form and return it to School by **Wednesday, 16<sup>th</sup> September**

<b>Proposed visit to:</b>	Rendsburg
<b>To take part in the following activities:</b>	German exchange including day trips to neighbouring towns and time in our partner school
<b>The aims &amp; objectives:</b>	1. To boost GCSE and A Level performance 2. To widen cultural experiences 3. To increase self-confidence and independence.
<b>Alternative activities/venue :</b>	/
<b>Date(s) of visit:</b>	Sunday 1 <sup>st</sup> November – Sunday 9 <sup>th</sup> November, dependent on flight availability
<b>Mode of Transport:</b>	Coach / Plane / Coach
<b>Time &amp; Place of Departure:</b>	LRGS – time to be confirmed
<b>Approx Time &amp; Place of Return:</b>	LRGS – Sunday evening (8 <sup>th</sup> November)
<b>Residential address: (If applicable)</b>	German partner to be confirmed  Tel No:.....
<b>Out of Hours supervision arrangements:</b>	Host family
<b>Base Contact Name: (for emergencies only)</b>	Miss Sarah Haigh  Tel No:.....

A kit list and other information is enclosed (as appropriate). A parent/carer's briefing meeting will be arranged at the school prior to departure.

For the visit or journey to be a valid and safe educational experience, sensible active involvement is required from all participating pupils. To ensure that the maximum value is gained the school has particular requirements regarding conduct and behaviour. Your acknowledgement of this is essential (see Part 1 of the attached consent page). If you require any further details, please do not hesitate to contact the visit leader.

Your child will be encouraged to contact you at suitable times if appropriate.

**If desired, parents/carers may request to see the School's Educational Visits Policy.**

**NOTE:**

**Lancaster Royal Grammar School's insurance does not cover personal accident, or loss/ damage to personal items. The School recommends that you consider taking out personal accident insurance.**

**ADDITIONAL INFORMATION** that schools may include is given in the Lancashire County Council Educational Visits Policy and Guidelines in Appendix 15 - Exchange Visits.

**IMPORTANT**

**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION**

The attached consent form **MUST** be completed and returned to the school before your son may participate in the visit/activity.

# PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM FOR TYPE B EDUCATIONAL VISITS AND ADVENTUROUS ACTIVITIES

(This form is to be completed in full by the parent/carer and returned to the school.)

## 1. DETAILS OF VISIT

Visit to:..... Alternative Activity:.....

From: ..... (date/ time) To: ..... (date/time)

Full name: ..... Date of Birth: ..... Form/class: .....

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school reserves the right to prevent my son/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.

He is capable of swimming 25 metres unaided Yes/No (Delete as appropriate)

## 2. EMERGENCY DETAILS

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

Child health service details: - Medical card number: .....

Family doctor (Name, address and telephone number): .....

..... (.....) .....

## 3. MEDICAL INFORMATION

**Does your child suffer from any of the following conditions?**

(Please cross out the 'yes' or 'no' which does not apply)

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Fainting	yes/no	Migraine	yes/no
Heart Trouble	yes/no	Raised Blood Pressure	yes/no
Tuberculosis	yes/no		

If YES to any of the above, please provide details: .....

Epilepsy	yes/no	If yes,
a) What specific epilepsy syndrome has been diagnosed for your child? .....		
b) What is the pattern of any seizure? .....		

**Does your child suffer from any other condition requiring medical treatment, including medication?** Yes/No

If YES, please provide details: .....

**Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?** Yes/No

If YES, please provide details: .....

**Has your child been immunised against the following diseases?**

Poliomyelitis Yes/No Tetanus (lock jaw) Yes/No

If YES to tetanus, please give date if known .....

**Is your child taking any form of medication on a regular basis?** Yes/No

If YES, please give full details, indicating the type of medication and dosage.

.....

Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?** Yes/No

If YES, please give full details:

.....  
.....

In the case of a residential course, does your child have any:

- Special Dietary needs? .....
- Any childcare needs? .....

**4. INSURANCE COVER**

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

**5. DECLARATION BY PARENT/CARER**

- ◆ In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- ◆ I consent to my child ..... taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- ◆ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I am aware of the levels of insurance cover.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

**I AM AWARE THAT MY SON/DAUGHTER/WARD WILL SPEND MOST OF THEIR TIME WITH A HOST FAMILY, AND THAT THEY WILL NOT ALWAYS BE UNDER THE DIRECT SUPERVISION OF THE SCHOOL. I AM ALSO AWARE THAT THE HOST FAMILY ARE FREE TO UNDERTAKE ACTIVITIES OF THEIR CHOICE, AND THAT THEY ARE NOT SUBJECT TO ENGLISH LAW.**

Signature of Parent/Carer ..... Date.....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carer in block letters: .....

Address: .....

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**In the case of the applicant being over 18 years of age, the following must be read and signed:**

I declare the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.  
Signed ..... Date .....