

LANCASTER ROYAL GRAMMAR SCHOOL

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Tel: 01524 580600 Ext: 262

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Dr C J Pyle Headmaster



14 July 2019

Year 10 G.C.S.E. Geography Morocco Study Tour 2020

Dear Parent/Guardian

The Geography Department has decided to study “Hot Deserts” as part of the Living World component of the AQA G.C.S.E. course. This topic considers desert ecosystems, challenges of living in hot deserts and desertification. To provide the best opportunity for our students we are planning a study tour to Morocco to supplement the teaching of this topic. Such a trip will also give invaluable experience that will support the topic called Challenges in the Human Environment. We also realise that this trip will support the learning of Biology and French.

To ensure the best possible study tour we have decided to go with “Discover Ltd” who have years of experience of running educational trips to Morocco (<https://www.discover.ltd.uk/morocco/>).

The suggested dates are 13th - 17th February 2020 which overlaps with the February half-term.

The cost including everything, is estimated to be £700. This covers flights, accommodation, internal travel and all meals. If the cost is eventually less than this money will be refunded. It should not cost any more.

The main centres for the trip in Morocco will be Marrakesh and Imlil. Having been to Morocco a couple of times, I can assure you that these are fascinating places to visit.

So that we can ensure the best possible cost for the trip I need to ask for an initial deposit of £220 to reserve flights by Monday 22nd July 2019.

Payment to be made via WISEPAY

We are hoping to take a minimum of 30 students. If there is the interest, we will then go ahead and book the flights. If there is not sufficient interest you will get your money back. Once the flights have been booked it will not be possible to get all the deposit returned if your son later withdraws.

To help ensure the smooth administration of the trip I need to know your son’s name as written on their passport. The passport will need to have at least 3 months of validity. If it is not a UK passport then there may be additional visa charges.

Please send in a copy of your son’s passport, a copy of valid EHIC and complete and return the medical form attached at the end of this letter.

All forms can be emailed to: lpearson@lrgs.org.uk or posted to Lee House, East Road, Lancaster LA1 3EF.

Three L.R.G.S. staff will accompany the group alongside experienced local guides.

I can be contacted at school on atalks@lrgs.org.uk or at Tel. 01524-580600 ext. 262

I look forward to hearing from you.

Yours sincerely,

Andrew Talks

PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM FOR TYPE B EDUCATIONAL/OFF-SITE 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: Morocco

Alternative _____ Activity _____ (Plan _____)

B):.....

From:

Child's name: Date of Birth:

I agree to my son/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 part and that the school/organisation 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. I agree that I will update the school/centre with any medical information or changes to emergency contact details.

He is capable of swimming 25 metres unaided _____ Yes/No

2. EMERGENCY DETAILS

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

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

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Mobile Telephone no:

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Name & Address:

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

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Name & Address of Contact:

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Child's Health Service details: - Medical card number:

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Family doctor (Name, address and telephone number):

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

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3. MEDICAL INFORMATION

a) Does your child suffer from any of the following conditions?

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?		

(Please cross out the 'Yes' or 'No' which does not apply)

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

If 'YES', please provide details:

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

If 'YES', please provide

details:.....

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Name of parent/carer in block letters:

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Address:

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NOTE: THIS COMPLETED FORM TO BE RETURNED TO THE SCHOOL/CENTRE.

In the case of the applicant being 18 years of age and above, 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

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