



**Bloxwich Academy**  
Leamore Lane  
Bloxwich, Walsall  
West Midlands, WS2 7NR  
T: 01922 710 257

LG/da/France 2019

22nd November 2018

Dear Parent/Carer

**Re: Trip to France 28th June – 1st July 2019**

I am writing regarding our forthcoming trip to France for which the attached pupil consent, medical and emergency contact form must be completed and imperatively returned to reception, in the envelope provided by **Thursday 29th November 2018**. I wish to draw your attention on the importance of completing all sections in full.

**Payments:**

Thank you for making payments by the due dates. Please find a reminder of all payment dates as outlined in my first letter from 25th June 2018. Please note that the last payment must now be made by Friday 1st March 2019.

| Amount: | to be paid by:            |
|---------|---------------------------|
| £70     | Friday 12th October 2018  |
| £40     | Friday 16th November 2018 |
| £40     | Friday 21st December 2018 |
| £40     | Friday 1st February 2019  |
| £38     | Friday 1st March 2019     |

**Passport**

**Please deal with this item as early as January.** Your child will travel on their **own British passport** and it is essential that you check its validity. For all information on passport applications, please visit [www.gov.uk](http://www.gov.uk). Alternatively, you can contact the Passport Advice line on 0 300 222 0000. **If your child holds a passport from a country that is not part of the European Union, you must inform the school immediately by e-mail at [postbox@bloxwichacademy.co.uk](mailto:postbox@bloxwichacademy.co.uk) and no later than Friday 30th November.**

**European Health Insurance Card (EHIC)**

Your child will need to obtain a European Health Insurance Card (EHIC) to take part in this trip. You can renew or apply for a new free EHIC by visiting the NHS website. Scroll down and select "Apply or renew your EHIC" from the home page. It may take up to three weeks to receive this card therefore it is essential to complete the application process in May at the very latest.

Finally, thank you to those of you who have paid the trip in full already. For those who have opted to pay in instalments, **please ensure that you refer to the dates above in this letter. It is vital that all payments are made by the due dates.**

Thank you in advance for your co-operation. I do hope this is all self-explanatory, however, should you have any questions, please do not hesitate to contact the school.

Yours sincerely

L Gaudillat (Mr)  
Head of Modern Foreign Languages  
Visit Leader



## PUPIL CONSENT, MEDICAL AND EMERGENCY CONTACT FORM

**France 2019—28th June—1st July 2019**

**Pupil Name** \_\_\_\_\_ **Form Group** \_\_\_\_\_ **Academic Year** 2018/19

**This form must be completed and signed by a Parent or Carer**

(please tick all appropriate boxes)

### CONSENT

I am aware of the nature of the programmes that my child will be participating in. I understand that while the school staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising from and during any activity.

- I consent to my child taking part in all activities organised by the staff whilst off site in connection with organised activities.
- I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

Signature \_\_\_\_\_ (Parent/Carer)      Date \_\_\_\_\_

### Medical Information (this information will be treated in confidence)

Please provide any information regarding medical conditions that may be relevant, e.g. Asthma, allergies, Diabetes, Epilepsy, dietary requirements etc.

\_\_\_\_\_ None

Is your child currently taking any medication, e.g. antibiotics, inhaler?  
 \_\_\_\_\_ None

Is there anything else that you could bring to our attention (e.g. travel sickness)?  
 Yes  Details \_\_\_\_\_ No

Has your son/daughter had a tetanus injection in the last 10 years?      Yes       No

I agree to my son/daughter receiving emergency treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.      Yes       No

**Photos:** I agree to have their photo taken that may be used for displays or school website/Newsletter/Local Newspaper      Yes       No

**Water Activities only**  
 My son/daughter can swim 50M  is just water confident  cannot swim

I confirm that my Son/Daughter will be collected from the academy      Yes       No

### Emergency Contact Information

Home Address \_\_\_\_\_ Home Tel. \_\_\_\_\_  
 \_\_\_\_\_ Work Tel. \_\_\_\_\_  
 \_\_\_\_\_ Mobile \_\_\_\_\_

If above not available please contact Name \_\_\_\_\_

Tel \_\_\_\_\_

Relative/Neighbour \_\_\_\_\_