ST JAMES'
CATHOLIC HIGH SCHOOL

April 2019

Dear Parent / Carer

YEAR 8 VISIT TO GERMANY
THURSDAY 11TH – TUESDAY 16TH JULY 2019

Please find attached a Consent and Medical Information form for your completion and return to the Finance Office by Friday 10th May. It is important that we hold current information in respect of contact details and medical information, if any details do change between now and the dates of the visit, please contact school to let us know.

May I also take this opportunity to remind you that your son/daughter will need to have their own Passport and EHIC card and advise that these be applied for as soon as possible, if your son/daughter does not already have one. EHIC cards are free to obtain and can be ordered online at https://www.ehic.org.uk/Internet/startApplication.do

There will be a meeting for all parents and carers on Tuesday 4th June at 7pm in the School Hall when further key information will be provided. We will also be collecting passports and EHICs, which will then be held securely in school until our visit, please therefore bring these with you to the meeting.

Should you have any questions, please do not hesitate to contact me at school by phone on the number below or by email at c.pickles@stjamescheadle.co.uk.

Yours sincerely

Mrs C Pickles
Trip Leader & Assistant Headteacher

Mr A Pontifex
Headteacher

St James' Catholic High School,
St James' Way, Cheadle Hulme, Cheadle, Cheshire, SK8 6PZ
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Headteacher: Mr A Pontifex BSc (Hons) MA NPQH

With God
all things are possible
Matthew 19:26

ST JAMES'
CATHOLIC HIGH SCHOOL

To be returned to Finance by Friday 10th May

PARENTAL CONSENT/MEDICAL INFORMATION

Year 8 visit to Germany
Thursday 11th – Tuesday 16th July 2019

All information contained on this form will be kept strictly confidential (other than details both the tour company and insurance company require).

Please complete both sides and all sections (clearly)

Student Details:

Full name of Student: _____
(Exactly as it appears on their passport)

Passport number: _____ Country of issue: _____

Passport expiry date: _____

Nationality of Student: _____

Home Address: _____

_____

Home Telephone No: _____

Date of birth: _____ Age on date of departure _____

1st Emergency Contact

Name & Address: _____ Relationship to child: _____

_____

Telephone No: _____

2nd Emergency Contact

Name & Address: _____ Relationship to child: _____

_____

Telephone No: _____

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Family Doctor:

Name and Address: _____

_____

Telephone No: _____

Medical Information

Are there any pre-existing medical conditions requiring medical treatment, including medication?
Yes ☐ No ☐
Pleas provide details:-

_____

Please state name of medications to be brought on trip and, if school have a spare, is this to be brought along too?

_____

Has a doctor recently advised your son/daughter not to travel within the next 12 months?
Yes ☐ No ☐
If YES please give brief details:

_____

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last eight weeks that may be contagious or infectious? Yes ☐ No ☐
If YES please give brief details:

_____

Is your son/daughter allergic to any medication (including plasters, creams, lotions etc.)?
Yes ☐ No ☐ If YES please specify:

_____

I give permission for my child to be administered Paracetamol, Calpol or children's Nurofen pain relief medicine by the Party Leader.

Yes ☐ No ☐

When did your son/daughter last have a tetanus injection? _____

Photographs of your son/daughter may be taken during this Educational Visit that could be displayed in school or used in school publications or on the school website. Do you have any objections? Yes ☐ No ☐

Does your son/daughter have any special dietary requirements? Yes ☐ No ☐
If YES please give brief details:

_____

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Declaration

I will inform the Group Leader as soon as possible of any changes in medical or other circumstances between now and the commencement of the journey.

I agree to the above named person taking part in this visit and to their participation in the activities and the need for them to behave responsibly for the duration of the holiday.

If there is a need for emergency medical treatment, all attempts will be made to contact the emergency no. given. If for any reason this is not possible, you as parent/carer agree to the above named student receiving any treatment considered necessary by the medical authorities present.

Please note that all children are covered by the Insurance policy negotiated as part of the package with the tour company. In some circumstances however, where a child has a specific medical condition, additional cover may be required. This must be taken out by the child's Parents/ Carers.

If you do not want your child to receive any medical treatment (ie. Blood transfusion) please advise:

_____

Signed _____ Date: _____

Full Name (capitals) _____