

BERLIN 2017
Wednesday 18th – Monday 23rd October

12th June 2017

Dear Parent / Carer

I am writing to give you more details about the visit and to remind you of the payment deadlines for our visit to Berlin in October. At this moment in time, we have 19 students who have put their names forward to be included in the trip but we have the opportunity for a total of 45 student places therefore I am also offering the trip to students studying history GCSE, since the history of Berlin is central to the monuments and sights we visit during our stay. If you wish to participate in this excellent trip, the deposit of £80 will need to be paid to the Finance Office as soon as possible and at the latest by **Wednesday 21st June 2017** in a sealed envelope as detailed below. Please fill out the deposit slip overleaf and enclose with your payment.

As explained in my initial letter to you, the full cost of the visit is £380 and the second and final instalments of £150 each were due in April and May 2017. If you have not yet paid this amount, would you please put the trip payment in a sealed envelope (cheques made payable to 'The Becket School') clearly labeled with the student's name, form and trip title and post it in the box outside the Finance Office by **Wednesday 12th July 2017**.

Please remember that **students need to have their own passport** for this visit. In addition each student is also required to have a **European Health Insurance Card (EHIC)**. If you do not have one of these already, they can be obtained **free of charge** by filling in a form online at www.ehic.org.uk

Please complete the attached Parental Consent Form and return it, with a photocopy of your child's **in date** passport and EHIC as soon as possible. I will need the passport details to do the on-line check-in and seat allocations, once flights have been booked.

If you have any questions, please do not hesitate to ask – it is probably best to email me at h.corsie@becketonline.co.uk

Yours faithfully,

Mrs H. Corsie
Leader of Learning in MFL

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The Becket School is part of the South Nottingham Catholic Academy Trust



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YEAR 11 VISIT TO BERLIN 2017

I wish my child to take part in the Year 11 visit to Berlin in October 2017. I agree to the terms and conditions of payment and enclose a non-refundable deposit of £80.

Signed (parent/carer) _____

Child's name _____ Form _____

CHILD'S NAME AS IT APPEARS ON PASSPORT _____

CHILD'S PASSPORT NUMBER _____

CHILD'S NATIONALITY _____

CHILD'S DATE OF BIRTH _____

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Nottinghamshire
County Council

Confidential Parental Consent Form (to be distributed with full details of the visit)

1. Consent for participation in the visit

Visit to: BERLIN, GERMANY

Date(s)/Times: From: OCTOBER 18th – 23rd 2017

I agree to my son/daughter _____ **(name)** taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for participants to be transported in staff vehicles.

* If there are any activities in which your child cannot participate, please give details:

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader
YES/NO/NOT APPLICABLE

If water activities are involved, is your child confident in water? **YES/NO/NOTAPPLICABLE**

2. Medical information, declarations and consent

a) Son/daughter's date of birth : _____

b) Does your son/daughter suffer from any conditions of which the Visit Leader should be aware: **YES/NO**
If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

I give my consent ** for a member of staff to administer the above medication which I will deliver to the visit leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

** delete if not applicable

Visit Guidance - Children, Families and Cultural Services

- d) 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 four weeks that may be, or become, contagious or infectious? :
YES/NO
If **YES**, please give brief details.
- e) Is your son/daughter allergic to any medication: **YES/NO**
If **YES**, please specify.
- f) When did your son/daughter last receive a tetanus injection?
- g) Please outline any special dietary requirements of your child:
- h) **I undertake** to inform the visit leader as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.
- i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. Contact numbers

- a) *I may be contacted by telephoning the following numbers:*
Work: _____ Home: _____ Mobile: _____
My home address is: _____

- b) If I am not available, please contact:
Name: _____ Telephone Numbers: _____
Address: _____

- c) Name, address and telephone number of family doctor: _____

4. **Any other relevant information** (Please provide NHS number if known and/or home postcode so that medical records can be found quickly on hospital systems if this became necessary).

5. Signature

Date: _____ Signed: _____
Full name (capitals): _____

These details should be available to the emergency contact for the visit.

Visit Guidance - Children, Families and Cultural Services

A copy of this form should be taken by leader on the visit