



10 June 2015

Dear Parent/Carer

## Boulogne 2015 – 17 July 2015

I am pleased to confirm the final arrangements for the trip to Boulogne, taking place on **17 July 2015**.

1. The coaches will leave Ernulf Academy promptly at **6.00am**. We will not be able to offer a refund to those people who miss the coach. We will return at around **1.00am**, if the ferry crossing runs smoothly. Please ensure that firm arrangements are made to collect your child at that time.
2. Students are not expected to wear school uniform, but should consider what to wear carefully. I hope it will be warm and sunny! A cap/ hat and sun cream, along with other suitable clothing, including a coat, will be needed – and sensible shoes for walking.
3. Spending money! It is up to you. I would advise no more than around £30, which should be changed into Euros before the trip.
4. Food and drink for the entire day should be packed. Remember, it will be a long day! Whilst fizzy drinks and sweets **can** be included, students will not be allowed to consume chewing gum on the coach, or “energy drinks” for the duration of the trip. **Students in receipt of free school meals can be provided with a packed lunch upon request, but will need to bring breakfast, dinner and snacks.**
5. I advise that expensive cameras and music players should not be brought. Although we have insurance, it is clearly better not to take the risk of losing something expensive on a day trip. **It is the responsibility of the student to look after all of their belongings.**
6. Students will need to bring a pencil case in order to complete the workbook provided.
7. In order to ensure that we have the most up-to-date information, please fill in the attached emergency contact and medical form for your child and return it to the Finance office **by Friday 3 July**.
8. Please return any outstanding European Health Insurance Cards to the Finance office, together with the medical form mentioned above, by **Friday 3 July**. These should be valid through the date of the trip, and will be returned to students on the day.

If you feel you would like to know anything further about the trip, please do not hesitate to contact me at [lvalle@ernulf.cambs.sch.uk](mailto:lvalle@ernulf.cambs.sch.uk).

In the meantime we are looking forward to another thoroughly enjoyable and educational experience.

Yours faithfully

Miss L Valle  
Group Leader

## Personal Information and Parental Consent Form

A copy of a Personal Information and Parental Consent Form MUST be completed for each member (including staff) of any group involved in any activity which includes absence from home overnight, visits abroad, and/or hazardous/adventure activities.

This form must be returned to the group Leader.

This information is provided to the Group Leader, who will only divulge information to other staff as necessary, for the safety of the participant.

### To be completed by the Group Leader:

Group: Year 7

Place of Visit: Boulogne

Tel No: 07500 055845

Date: 17 July 2015

To be completed by Parent/Carer (please use block capitals):

Young Person's Full Name: ..... Date of Birth: .....

Home Address: .....

Post Code: ..... Tel Code and No: .....

Names of Parent(s)/Carer(s):

1. .... Relationship: .....

2. .... Relationship: .....

Addresses of Parent(s)/Carer(s) and/or other contact person.

i) .....

..... Tel Code and No: .....

ii) .....

..... Tel Code and No: .....

(Please Continue Overleaf)

National Health No (if known)

.....

Doctor's Name

.....

Address of Practice

.....

Tel No of Doctor's Practice

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Please Give Name and Dosage of any medicine currently being taken

.....

Please indicate allergies (e.g. medicines, food etc – please specify)

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Date of last known anti-tetanus injection

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Please indicate any food not eaten for religious or health reasons

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Please provide any other information which might be useful in an emergency, or which you as a parent feel the Group Leader should be aware of, for example phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, etc.

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I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in any or all of the activities described.

I understand that, while supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor Cambridgeshire County Council, can necessarily be held liable in respect of loss of or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Cambridgeshire County Council, its employees or official volunteers.

I \*give/do not give permission for my child to receive pain relieving medication when appropriate (one dose of paracetamol only)  
\*please delete as applicable.

I agree to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusions, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

A printed copy of the insurance that covers this trip is available from the Finance Office if required.

Signature of Participant ..... Signature of Parent/Carer .....

**If there are any amendments to the answers given after the form has been handed in, PLEASE CONTACT THE GROUP LEADER IMMEDIATELY.**