



Les Gravées, St Peter Port
Guernsey, GY1 IRW

Tel: (01481) 721602
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8th October 2018

Dear Parent(s)/Guardian(s).

Iceland Trip – February 2019

I am pleased to announce that we are ready to take the planning for the joint Ladies' College & Elizabeth College Iceland trip to the next step.

We will be holding a trip meeting at The Ladies' College on **Monday 26th November** in The Leaf Centre at 18.00. This meeting will cover our final itinerary, details of travel and information on what to take with you. Given that the weather in Iceland is likely to be very cold in February, it is hoped that this will give you enough time to acquire suitable clothing over the Christmas break. At this meeting we will also be collecting copies of passports. Please make sure that your daughter's/son's passport is valid for the duration of our trip (16th-21st February).

In advance of our meeting please make sure that the attached OA4 form is completed and returned by **Tuesday 16th October** at the latest. As food will be provided for us at points on the trip it is very important that we send accurate information on dietary requirements ahead of time.

Finally, a reminder that the remaining dates for payments are £300 due on Friday 26th October and a final payment of £550 due on Friday 23rd November.

Yours sincerely,

Mr McGovern

OA4 Form 2018

Name: _____
Date of birth: ____/____/____

PARENT CONSENT FOR AN EDUCATIONAL VISIT



The Ladies' College
Guernsey

To be distributed with an information sheet giving full details of the visit.

Please complete this form in black ink.



Details of Visit to: **Iceland Trip**

Visit Leader: Tom McGovern

Trip Dates: 16th February 2018 - 21st February 2019

Medical information about your child

a) Does your child have any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your child:

c) Are there any recent illness or accidents that staff should be aware of?

d) Please indicate the type of pain/flu relief medication your child may be given if necessary (delete as required):

Paracetamol / Nurofen / Ibuprofen / Imodium or similar / Flu remedies / Travel sickness tablets / Other:

e) Any other relevant information you would like to give us:

For residential visits and exchanges only

f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?
YES/NO

If YES, please give brief details:

g) Is your child allergic to any medication? YES/NO
If YES, please specify:

h) When did your child last have a tetanus injection? _____

Name of family doctor: _____ Tel. number: _____

GP Address: _____

My contact details:

Tel. Home: _____ Mobile: _____

Name: _____

Home address: _____

Email address: _____

Alternative emergency contact during the visit and on-island – if necessary:

_____ Name Telephone number:

Tel. Home _____ Mobile: _____

(Relationship to child)

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Declaration

1. I would like my daughter/son to take part in the above mentioned visit or activity and having read the information provided agree to her/him taking part in the activities described. I understand that the visit includes periods of remote supervision during which the students will stay in groups of not less than three that they will be given a clearly defined area beyond which they must not go, and that they must report back to a member of staff at a pre-arranged location every 45 minutes.
2. I agree to my daughter/son receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I understand the extent and limitations of the insurance cover provided.
4. I consent to any emergency medical treatment required by my child during the course of the visit.
5. I confirm that my daughter/son is in good health and I consider her/him fit to participate.
6. I will inform the Visit Leader at departure of the trip of any changes to the medical information given on this form.
7. Delete the following as appropriate:

I understand that remote supervision is part of the programme. This means that my daughter/son will not be directly supervised by a member of staff at all times. The information regarding the remote supervision arrangements will be supplied by the Visit Leader

As part of the activities your daughter/son is involved in The Ladies' College/Elizabeth College may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use your daughter's/son's photograph in this way? YES / NO

Any changes or additions to this information between the date of completion of this form and the start of the activity must be given in writing to the Visit Leader.

Signed: _____ Date: _____

Full name (capitals): _____

**THIS FORM OR A COPY/SUMMARY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.**