

EM/SR/JMO

December 2009

Dear Parents and Guardians,

**From Istanbul to Ephesus – History and Classics Tour to Turkey
Saturday 27th March – Saturday 3rd April 2010**

Thank you for your payment of the second deposit. Plans are now well in hand for the above visit; the final timings and itinerary will follow next year.

We need to be in receipt of the final payment of £549 (cheques made payable to Bootham School) by Friday 15th January 2010.

In the meantime, so that we can ensure all our paperwork is in hand, please complete the attached Medical Consent Form and return it to Sarah Robinson at school before the end of term.

May I also take this opportunity to remind you that if your child does not already possess a passport they should apply for one now to ensure it arrives in good time. This will be collected and held by staff for safekeeping, nearer the time of departure.

Should you have any queries, please do not hesitate to contact us.

Yours sincerely,

ELIZABETH McCULLOCH
Trip Organiser

SARAH ROBINSON
Trip Organiser

**BOOTHAM SCHOOL
PARENTAL CONSENT FORM FOR A SCHOOL VISIT**

For completion by staff:

Name of Trip: **From Istanbul to Ephesus**

Educational objectives: **Cultural tour**

Summary details of visit: **History and Classics Tour to Turkey**

Date and time of departure: **Saturday 27 March 2010 (Time to be confirmed)**

Date and time of return: **Saturday 3 April 2010 (Time to be confirmed)**

(unless specified Bootham School will be the point of departure and return).

For completion by parents

Pupil's Name: _____ Form/Tutor Group: _____ Date of Birth: _____

Please give details of any medical conditions and any medication or medical treatment that may be required or should be avoided. Please include any possible allergic reactions	
Please give details of any prescription drugs in the possession of your child.	
Please give details of any special dietary requirements.	
Non-prescription pain-killer normally used	PARACETAMOL (if other please state)
To the best of your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered any thing in the last four weeks that may be contagious or infectious? If yes please give details.	
When did your son or daughter last have a tetanus injection?	

Declaration

I agree to my son/daughter receiving medication as instructed in an emergency and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities consulted.

I will inform the Group Leader or Head Teacher of any changes in the medical or other circumstances of my child.

I understand the extent and limitation of the insurance cover provided (for overseas trips only).

I agree to my son/daughter taking part in this visit and the activities described.

Signed: _____

Date: _____

Print name in capitals: _____

Contact names and telephone numbers

Home Address/Tel No			
Father: Work Tel No/ Mobile No		Mother: Work Tel No/ Mobile No	
Emergency Contact: Name/Address/Tel No			
Family Doctor: Name/Address/Tel No			

A copy of this information should be taken by the group leader on the visit and a copy retained by the school contact person.