

REG/JMO

3<sup>rd</sup> March 2010

Dear Parents

**Exchange visit to Sidwell Friends School, Washington DC  
28<sup>th</sup> /29<sup>th</sup> March to 6<sup>th</sup> April 2010**

Our forthcoming visit to America is fast approaching and I am in the process of making our final arrangements.

I intend holding a meeting for parents at school on **Monday 15<sup>th</sup> March** when I will give you full details of our travel details, proposed itinerary, insurance etc and answer any concerns you may have. The meeting will take place at 6.00 pm in Room A and I would be grateful if you could confirm on the slip below, whether you will be able to attend.

In the meantime, please complete the enclosed medical consent form and return it to me at school by **Friday 12 March**. I will also be collecting passports (**which must be valid until at least 6 October 2010 as previously advised**) so that I may apply for the relevant Visa and would appreciate it if you could bring your son or daughter's passport in with you to the meeting if you will be attending. If you are unable to come to the meeting, please send the passport in to school with the medical form (by 12th March).

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

Yours sincerely,

ROB GRAHAM  
Exchange Visit Organiser

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NAME OF STUDENT.....

I will be attending the meeting on Monday 15<sup>th</sup> March and attach the completed medical consent form. I will bring my son or daughter's passport to the meeting.

I will not be attending the meeting on Monday 15<sup>th</sup> March enclose both the completed medical consent form **and** passport for the above named.

SIGNED..... DATE.....

**PLEASE RETURN THIS SLIP AND APPROPRIATE PAPER WORK TO ROB GRAHAM  
BEFORE 12 MARCH 2010**

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

**For completion by staff:**

Name of Trip: **Sidwell Friends School Exchange visit**

Educational objectives: **Cultural exchange**

Summary details of visit: **Washington DC, United States of America**

Date and time of departure: **Late evening of Sunday 28<sup>th</sup> /early morning of Monday 29<sup>th</sup> March 2010  
FROM York Railway Station (Time tbc)**

Date and time of return: **Morning of Tuesday 6<sup>th</sup> April 2010 (time tbc). Collect from York Railway  
Station**

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**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 anything 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?	

**P.T.O.**

## 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: \_\_\_\_\_

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## 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.**