

13<sup>th</sup> May 2019

Dear Parents / Carers,

Thank you for your continued interest in your child attending the day trip to the Opal Coast on Friday 12<sup>th</sup> July and for the deposit of £30.

Please find attached to this letter the OSA2 and medical consent forms for our visit, which must be completed and returned to school by **Friday 24<sup>th</sup> May.**

I would like to take this opportunity to remind you that final payment of the balance of the trip is now due. As we must pay the tour company several weeks in advance of the trip, it is essential that the balance is paid by **Friday 17<sup>th</sup> May.** Please be aware that as the balance to the tour company is now due, we cannot issue refunds if a student should change their mind unless their place can be filled and paid for in full. This ensures that the trip can still run, and that there is no sudden change in price for students attending.

Please also be aware that a copy of your child's passport should now be with school. If we do not have a copy of your child's passport already please ensure that this is done as soon as possible, either via an emailed scan, or by bringing the document into school to be photocopied. A scan or copy of your child's EHIC should also be sent into school as soon as possible. Your child will need both of these travel documents on their person when we travel.

I would like to take this opportunity to remind you of the upcoming information evening to give finalised details of the trip. **The date of this has changed to Wednesday 19<sup>th</sup> June** and the time remains as 5:30-6:15pm.

Thank you for your ongoing support with our trip to the Opal Coast on Friday 12<sup>th</sup> July. Please don't hesitate to contact myself, or Mrs Harris, at school should you require further assistance.

Yours sincerely



Miss Elizabeth Poole  
Teacher of Modern Foreign Languages



The Queen Elizabeth Academy

“We Can and We Will”

Consent to Visits, Medical Details and Treatment Form (OSA2)

Visit to: .....

From: ..... (date) To: ..... (date)

Name of Pupil: .....

Date of Birth: .....

Home address: .....

.....

Telephone No: .....

Emergency contact telephone numbers (home / mob / work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor.....

.....

Known Medical Conditions / Medications:

.....

.....

.....

Known allergies:

.....

.....

This data is collected for and to meet our legal obligations, safeguarding duties and education provision.



The Queen Elizabeth Academy

“We Can and We Will”

Are they having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Visit Leader)

.....

Are there any reasons that you know of that stops them from participating fully in the planned activities?

.....

Are there any activities in which they should not participate?

.....

.....

Please indicate any special food dietary / requirements (if applicable):

.....

.....

Other relevant Information:

I wish my child to take part in the educational visit / offsite activity and having read the information provided; agree to them taking part in any or all of the activities described.

I agree to my child receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my child by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to academy staff by the GP if circumstances are deemed necessary and appropriate.

**Please note: All educational visits and offsite activities carry some amount of risk.**

Your name (Please print): .....

Signature: ..... Date: .....

## Appendix D

### Consent to Medical Treatment for Overseas Visits

I ..... (Your name please print)

Agree to my child receiving any emergency or other medical treatment as deemed urgent, necessary and / or in the best interest of my child by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion. I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP if circumstances are deemed necessary and appropriate.

#### Spanish / Espanol

Convengo mi hijo / hija que reciben la cualquier emergencia o el otro tratamiento medico como juzgado urgente, necesario y/o en el mejor interes de mi hijo / hija por las autoridades medicas presentes. Esto incluye el tratamiento dental, medico o quirurgico, el uso del anestésico o la transfusion de sangre.

Tambien convengo el lanzamiento de la informacion medica relevante y necesaria el personal del establecimiento educativo del GP si las circunstancias se juzgan necesarias y apropiadas.

#### French / Francais

Je suis d'accord sur mon fils / fille recevant n'importe quelle urgence ou tout autre traitement medical en tant que considere pressant, necessaire et / ou dans le meilleur interet de mon fils / fille par les autorites medicates. Ceci inclut le traitement dentaire, medical ou chirurgical, l'utilisation de l'anesthesique ou la transfusion sanguine.

Je suis egalement d'accord sur la publication l'infomnation medicate appropriee et necessaire le personnel d'etablissement d'enseignement par le generaliste si des circonstances sont considerees necessaires et appropriees.

#### German / Deutsch

Ich stimme meinen Sohn / Tochter zu, die jede mogliche Dringlichkeit Oder andere arztliche Behandlung als gemeint dringend empfangt, notwendig und/oder im besten Interesse meines Sohns / Tochter durch die medizinischen vorhandenen Behörden. Dieses schlieGt zahnmedizinische, medizinische Oder chirurgische Behandlung, den Gebrauch des Betaubungsmittels Oder Bluttransfusion ein.

Ich stimme auch der Freigabe der relevanten und notwendigen medizinischen Informationen Bildungsinstitutstab durch den GP zu, wenn Umstande notwendig und passend gemeint werden.

#### Italian / Itaiiano

Accosento al miei figlio/figlia che riceve tutta l'emergenza o l'altro trattamento medico come ritenuto urgente, necessario e / o nell'interesse del miei figlio / figlia dalle autorita mediche presenti. Cio include il trattamento dentale, medico o chirurgico, l'uso di anestetico o la trasfusione di sangue. Inoltre accosento al rilascio delle informazioni mediche relative e necessarie al personate dell'istituzione educativa dal GP se le circostanze sono ritenute necessarie ed adatte.

Signature: ..... Date: .....