



Headteacher: Mr. S. Pearson



11th January 2022

Dear Parents / Carers

Year 6 France Trip – 20th-24th June 2022

We would be grateful if you could complete and return the enclosed **Consent/Medical** form before the Easter holiday, please.

We would also respectfully remind you that the first instalment of **£160 is due by 28th January**. The final balance of **£150** will be due by **28th April 2022**. Payments can be made online in the usual way. Please note that smaller amounts can be paid whenever is convenient, as long as the interim and final balances are paid by the dates above.

As mentioned in our last letter of 17th November 2021, you should ensure that your child's **passport will be valid until the end of 2022** (six months after our trip). If you need to apply for a new passport, please do this as soon as possible as we have to notify the travel company (NST) of all the passport details by the end of April.

Your child will also need a new Global Health Insurance Card (GHIC) which is available online free of charge.

We are very hopeful that our trip will be able to go ahead and are looking forward to it.

Yours sincerely

Mrs. S. Smith
Deputy Headteacher



Walmley Junior School
Educational Visit Consent Form – Overseas Travel

Visit Destination: Le Touquet, in northern France

Dates: 20th-24th June 2022

Child's name
(This should be spelled exactly as it appears on their passport)

Date of Birth: Nationality:

Passport no. Expiry date:
(if your child does not yet have a passport, please notify us of these details as soon as it arrives).

Please note that existing passports should have at least two month's validity after our travel dates.

I give consent for my child to take part in this educational visit and agree to his/her taking part in the activities described.

Tick one box:

My child does not suffer from any condition requiring regular treatment.

My child suffers from
.....

Please complete the Dietary/Medical form overleaf giving details of any condition, treatment and doctor's details.

I consent to any emergency medical treatment necessary during the course of the visit. To the best of my knowledge my son/daughter is medically fit to take part in the activities planned.

Name of parent/carer Signed

Address: Date

Emergency Telephone Contact number(s) for the trip:

Name Number

Name Number

France Trip – September 2022
Dietary / Medical Requirements

Please would you give information regarding dietary or medical conditions that require special treatment.

(Please note that this should not include food *preferences*).

Child's Name Class

Dietary requirement

.....

Medical conditions

.....

.....

Treatment required, including medication name, dose and frequency:

.....

.....

.....

Is there anything else you would like to make us aware of?

.....

.....

For emergencies:

Name of G.P. Tel:

Surgery address

.....

NHS Medical Card Number:

(NB: It is very important that we have this number. It is a 10 digit number found on their medical book from birth, or is available from your GP. It is not the number on the EHIC/GHIC card).