5 April 2019

Dear Parents and Carers

Year 10 French trip Maison Claire Fontaine 13-18 July 2019

I am contacting you regarding the organisation of the coming trip to France for Year 10 students.

Please find attached a medical and dietary requirements form for you to complete. The form needs to be printed, filled in and return to myself by Friday 3 May 2019 at the latest as I will need to forward all relevant details to the centre soon after.

As mentioned in the letter from June 2018, all students will need to have their own passport and currently still need to have their own European Health Insurance card (obtained for free through the NHS website): please make sure you allow plenty of time if your son/daughter’s passport needs renewing due to the uncertainty of the current situation. I would ask that you forward a photocopy of your son/daughter’s passport and EHIC together with the forms attached.

I would like to take this opportunity to invite you for an information evening regarding the trip on Tuesday 4 June 2019 on the Learning Steps in the Sixth Form Block at 7pm where all the information regarding itinerary, activities etc. will be given out.

Should you have any queries regarding the trip, do not hesitate to contact me in School or at the address below: mredrup@rickmansworth.herts.sch.uk.

Yours sincerely

Mrs M Redrup
Head of the French Department
To Mrs M Redrup

INFORMATION EVENING – Tuesday 4 June 2019
Year 10 French trip Maison Claire Fontaine 13-18 July 2019

Student Name ........................................................................................................

Form & Teaching Group .........................................................................................

We will/will not be able to attend the Information Evening on Tuesday 4 June 2019.

Signed: ................................................................................................................. (Parent/Carer)

Date: .....................................................................................................................
**MEDICAL AND CONSENT FORM – Maison Claire Fontaine - Burgundy 2019 (Mrs Redrup)**

<table>
<thead>
<tr>
<th>Name of student:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

**Does the above person:**

- Have a medical condition requiring medical treatment of medication? **Y/N**
- Have any allergies? **Y/N**

Please give details of any medical conditions/treatments and allergies below:

<table>
<thead>
<tr>
<th>Is the above person allergic to any medication?</th>
<th><strong>Y/N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give details below:</td>
<td></td>
</tr>
</tbody>
</table>

Please outline the type of pain / flu relief medication the above person may be given if necessary.

To the best of your knowledge, has the above person been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **Y/N**

Please give details below:

When did the above person last have a tetanus injection?

<table>
<thead>
<tr>
<th>Does he/she have any special dietary requirements?</th>
<th><strong>Y/N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The centre’s priority is to accommodate different dietary needs for religious and health reasons and not for individual food preferences. Pupils are asked to arrive prepared to try new and different foods as part of their French experience.</td>
<td></td>
</tr>
<tr>
<td>If the person above has a special dietary requirement for religious or health reasons, please give details below:</td>
<td></td>
</tr>
<tr>
<td>I wish to draw the following to the group leader’s attention (e.g. allergies, phobias, travel sickness, recent operations or treatment, sleeping problems, inability to swim, bed wetting):</td>
<td></td>
</tr>
</tbody>
</table>

**MAIN EMERGENCY CONTACT**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Day phone number:</td>
<td></td>
</tr>
</tbody>
</table>
GUARDIAN DECLARATION

I have read and understand the details of the visit.
I agree that (full name of child) ____________________________
• can participate in the visit
• is in good health and fit
• can receive medical treatment as necessary
I undertake to inform the group leader as soon as possible of any change in medical circumstances, or if he/she becomes in contact with an infectious or contagious disease in the four weeks prior to travel.

I acknowledge the need for the person named above to behave responsibly and follow instructions given by staff accompanying the visit. In this respect, I agree that if they do not comply, I may have to pay for their early return from the trip (without a supervisor).

Although the staff of the school escorting the party will exercise due care and attention. I understand they cannot necessarily be held responsible for any loss, damage or injury, which may befall my child, named above during or as a consequence of the journey and visit.

Signed:

Name in capitals:

Date:

Relationship to student:

STUDENT DECLARATION

I have read and understand the details of the visit and understand the need to behave responsibly and follow instructions given by staff accompanying the visit.

Signed:

Name in capitals:

Date:
Consent form for Canoë-Kayak
(To completed by parent or guardian)

School name: Rickmansworth School

Child’s name:

I give permission for my son/daughter to take part in the canoë-kayak activity during the French trip to Maison Claire Fontaine. I confirm that I consider him/her fit to participate and that he/she can swim 25 metres.

*Under French Health and Safety law pupils must be able to swim 25m to be able to take part in this activity*

We also recommend that pupils with a serious phobia of spiders do not take part in this activity.

Full name of parent or guardian (capitals):

Signed: Date:

Additional information

- Is your son / daughter nervous about going on a lake or river? YES/NO
- Does your son / daughter have any medical or special needs condition that could affect them taking part in this activity? YES /NO

If necessary - please give details below:
Maison Claire Fontaine
Parental Consent Form for
Use of Images of Children

School name: Rickmansworth School
Child’s name:

I give permission for Maison Claire Fontaine to use any still and/or moving image video footage, photographs and/or audio footage depicting my child named above for the following uses:

- On the Maison Claire Fontaine website and associated social media sites  YES / NO

- For advertisements, marketing, leaflets, local press or publicity purposes  YES / NO

Maison Claire Fontaine will always ensure it complies with the data protection act and child protection policies and will not:

- Use photographs in any form of internal or external publication where we do not have consent or there is written objection from a parent with parental responsibility.

- Use photographs of children in PE clothes or swimwear other than for instructional purposes where images are needed to demonstrate the activity to pupils.

- We will ensure that when images are published the young people cannot be identified by the use of their names.

I confirm that I have read and agree to the terms of this consent form.

Signed: Date:

Full name (capitals):