



SHARNBROOK
ACADEMY FEDERATION

Friday, 29th January 2016

Dear Parents, Carers, Boys and Girls

YEAR 7 VISIT TO NORMANDY 2016 – PARENTS & STUDENTS MEETING

Final arrangements are now being made for the Year 7 residential trip to Normandy. I would like to invite parents and students to attend an information evening on **Thursday 25th February 2016** at 6.00pm in the Main Hall at Lincroft School to discuss details and answer any questions you may wish to raise. It is very important that both you and your child attend so all the arrangements for the visit are clearly understood.

Please find enclosed a Personal Information & Parental Consent Form, Adventure Activities Parental Consent Form and Code Of Conduct which are to be completed and returned to Mrs Boddington by **Friday 12th February 2016**. Please also find enclosed a copy of our insurance details/policy for your information.

At the meeting we will be discussing:

- ◆ Accompanying staff
- ◆ Risk assessment
- ◆ Insurance
- ◆ Pocket money
- ◆ Conduct and expectations
- ◆ Rooming arrangements
- ◆ Contact arrangements
- ◆ Travel information
- ◆ Itinerary and activities

Please can you bring your child's passport and European Health Insurance Card (EHIC) with you to the meeting. If you are going abroad over the Easter holidays, then we require a photocopy of the passport and EHIC.

We look forward to seeing you on the 25th February.

Yours sincerely

Miss C Stanton

Lead Professional, Modern Foreign Languages



**The Pilgrim
Partnership**
Personalised Teacher Training



HARROLD, LINCROFT & MARGARET BEAUFORT SCHOOLS

VISIT TO NORMANDY: 10th – 16th APRIL 2016

Château de la Baudonniere, Les Chambres, 50320 La Haye Pesnel,
Normandie, France

PERSONAL INFORMATION & PARENTAL CONSENT FORM

Please complete and/or amend the following sections:

PUPIL'S DETAILS

«Photo»

A large rectangular box with a dotted border, intended for a photo. The text «Photo» is centered at the top of the box.

1. SURNAME:

2. FIRST NAME:

3. Name on Passport (if different to above):

4. Passport No:

5. Passport Expiry Date:

6. Date of Birth:

7. Gender:

8. Nationality:

9. Town and Country of Birth:

10. Address:

11. Home Telephone No:

12. Mobile No:

PARENTS' / CARERS' DETAILS

1. Name(s) of Parent(s) / Carer(s)

(a) Name: _____ Relationship: _____

Daytime Telephone Number (Work or otherwise): _____

Mobile Number: _____

(b) Name: _____ Relationship: _____

Daytime Telephone Number (Work or otherwise): _____

Mobile Number: _____

2. Emergency Contacts: Please give the name, address and telephone numbers of one *additional* emergency contact during your child's stay at the Château.

(a) Name: _____ Relationship: _____

Address: _____

Contact Number (s): _____

ACTIVITIES

1. Has your child ever been away with the school before or spent a holiday away from the family? _____

2. Your child will be expected to take part in supervised, water based activities (no swimming or paddling allowed at the seaside). A qualified tutor/ instructor from the Château and a member of accompanying staff will be in attendance; the use of life jackets will be used in water activities at all times, with the exception of leisure swimming. *How far can your child swim comfortably and unaided?* _____

3. Please take account of the following activities and, having read all the information provided by the school about the visit, provide any comments that may be useful to the party leaders and staff at the Château.

Activities planned: coach and ferry journey to France, coach visits to places of interest (French market, Mont St Michel); adventurous activities (abseiling, climbing wall, orienteering, fencing, canoeing, assault course, raft building, archery, low ropes course); team games (e.g. volleyball, netball, soccer); French games (e.g. boules, Le Grande Trouveille); visit to the Château Farm; evening activities (quizzes, talent show, disco, BBQ, Table Tennis).

Details: _____

MEDICAL AND HEALTH DETAILS

1. Please state any medical condition, which needs regular supervision. Please name any medication being taken currently including dosage instructions (INCLUDING TRAVEL SICKNESS): _____

2. Please indicate if your child suffers from any allergies e.g. medicines, food etc. Please specify: _____

3. Please indicate any food you wish your child to avoid for religious or health reasons: _____

4. Please indicate any dietary requirements (if vegetarian give details e.g. whether fish, cheese, eggs and / or chicken is acceptable). This must be genuine and not fussiness! _____

5. Date of last known anti-tetanus injection: _____

6. I ***GIVE/ DO NOT GIVE PERMISSION FOR MY CHILD TO RECEIVE PAIN KILLING MEDICATION WHEN APPROPRIATE (ONE DOSAGE OF PARACETAMOL AND/OR IBUPROFEN ONLY, SUPPLIED BY THE SCHOOL).**

**PLEASE DELETE AS APPLICABLE*

7. I ***DO/DO NOT GIVE PERMISSION FOR MY CHILD TO RECEIVE ALLERGY RELIEF SYRUP EG; PIRITON (ANTIHISTAMINE MEDICATION)**

**PLEASE DELETE AS APPLICABLE*

8. National Health No (if known): _____

9. EHC No: _____

10. Doctor's Name: _____

Practice: _____

Doctors Address Inc Telephone No: _____

11. Please provide any other information or further considerations which might prove useful in an emergency, or which you as a parent/ carer feel the Group Leader should be aware of (e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties etc). If there are any amendments after this form has been handed in, PLEASE CONTACT THE GROUP LEADER IMMEDIATELY. _____

INSURANCE DETAILS & CREDENTIALS

1. The Château is accredited by the British Canoe Union and the French Ministry of Youth and Sport. It is licensed by the French health and safety authority and DDASS and supported by educationalists in England and in France. Prior to departure the school will have lodged full details of the visit with an authorised external consultant, which will include risk assessments of all activities, a contractual obligation from the Château regarding its public liability insurance, activity and risk management, equipment and vehicle safety, accommodation standards, health and safety requirements and Activity Licensing Regulations (1998).
2. Full details will be provided at the Parents' Meeting prior to departure. Our school journey insurance is with Zurich Municipal. The policy provides indemnity against specified risks of cancellation, personal accident, medical, personal effects and legal liability related expenses. Parents will be made aware of the full insurance details and may, of course, arrange their own 'top-up' if desired.

PARENTAL CONSENT

1. I agree to my child taking part in the Normandy visit and have read all the information provided and agree to his/her taking part in any or all of the activities described unless the school has been notified (e.g. swimming, water sports etc).
2. I agree to the Teachers acting 'in loco parentis' during the visit to France. I understand that, while the supervisory adults in charge will take all reasonable care of my child, neither they, nor the Governing Body, can necessarily be held liable in respect of loss of, or damage to property or injury suffered by my child arising out of the visit, unless such loss, damage or injury results from the negligence of the Governing Body, its employees or official volunteers.
3. I agree to ensure appropriate communication home that there must be no contact home through any device and understand that staff will make contact if it is needed. If my child is to take their phone then the SIM card will be removed and the phone will be used for music/games only.
4. Should my child require medication I undertake to supply medicines to be administered by the Sharnbrook Academy Federation staff and volunteers according to the instructions received. I indemnify and hold harmless Harrold Priory, Lincroft and Margaret Beaufort Schools against any claim of any nature whatsoever arising from the administration of the medication. The school will provide Piriton, Paracetamol and Ibuprofen. **In agreement with parents, Year 7 pupils are able to carry their own travel sickness tablets and self-administer these. Staff will remind pupils when they are required.**
5. I consent to my child receiving any medical or surgical treatment, including dental treatment, anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
6. I will ensure that the school receives a completed European Health Insurance Card (EHIC) to ensure that my child receives medical treatment in France if this is considered necessary by the medical authorities.
7. I consent to my child being photographed/videoed by Harrold Priory, Lincroft & Margaret Beaufort staff. This data will remain on school files and may be used for future Middle School events. The photographs may be uploaded on the Château and the School websites.
8. **I will ensure that the School receives a current Passport prior to departure and that the return date is within the expiry date on the Passport.**

I/ we have provided accurate information, read all the above information, and the information provided by the School and the Château.

Pupil's Name:

Form:

Pupil's Signature:

Parent/Guardian's Name (please print):

Parent/Guardian's Signature:

Relationship to Pupil:

Date:

Completed forms should be returned to Mrs Boddington, Administrator by Friday 12th February 2016

Pupil's Name:

Form:

I agree to the conditions in the Code of Conduct and will do my very best to ensure that we all have an enjoyable week in France. I understand that should I break any rules I will lose the right to work in my friendship group for a period of time. In extreme circumstances my parents will be contacted and may be asked to pay the costs of my immediate return to the UK.

I AGREE TO:

1. Show respect to all members of our party, their property and privacy;
2. Stay in my room after 9.30 p.m. to obey 'lights-out' at 10.00 p.m. to ensure that everyone gets a good night's sleep;
3. Stay in my room until 7.00 a.m. and to arrive at breakfast in good time prepared for the day ahead;
4. Complete all written assignments as these relate to Health & Safety and the activities;
5. Be prompt, well organised and to complete the programme of work set;
6. Be polite and courteous at all times, particularly to our French hosts at the Château;
7. Try all meals and packed-lunches without making a fuss or insulting our hosts;
8. Help in the Dining Hall when asked;
9. Buy only sensible gifts (alcohol, tobacco, replica/real knives, replica weapons, fireworks or tasteless and fragile gifts are not permitted);
10. Ask for permission before undertaking any activity or using equipment;
11. Follow all instructions from adults paying close attention to safety guidelines, other arrangements and meeting times;
12. Keep away from restricted areas on the Ferry and follow all safety guidelines issued (e.g. wearing of seat belts/evacuation procedures);
13. Keep my room tidy and my personal appearance well-groomed and clean;
14. No children to share a shower cubicle under any circumstances to prevent slips and falls;
15. Wear a watch/time piece and not rely on others;
16. To ensure appropriate communication home there must be no contact home through any device. Staff will of course make contact if it is needed. If a pupil is to take their phone then the SIM card must be removed and the phone is to be used for music/games only;
17. Stay in my room only. **Other dormitories are out of bounds.** Boys and girls are to stay in their separate accommodation blocks at all times. Communal rooms and areas will be defined on arrival;
18. Report any damage to my room or loss immediately and to pay for replacement or repair if required;
19. Keep noise levels to a minimum at all times; and
20. Follow the Château's rules to the letter!

I have read the Code of Conduct and agree to follow it:

Pupil's Signature: _____

Parent's Signature: _____



HARROLD PRIORY, LINCROFT & MARGARET BEAUFORT SCHOOLS

VISIT TO NORMANDY: 10-16 APRIL 2016

Château de la Baudonniere, Les Chambres, 50320 La Haye Pesnel, Normandie,
France

ADVENTURE ACTIVITIES PARENTAL CONSENT

Sharnbrook Academy Federation are required to seek the approval of all parents whose children are attending the residential trip to Normandy that they are allowed to participate in the adventure activities provided during the trip.

Full risk assessment details are available from the School or by accessing the Château's website on www.the-chateau.com Activities will include: abseiling, climbing wall, fencing, canoeing, assault course, low ropes course, team games (e.g. volleyball, netball, soccer), initiative exercises and problem solving, bread making and a minibeast safari. Pupils are obliged to wear all safety equipment provided and to closely follow guidance in this respect.

I am willing that my child

in Form

Shall take part in the adventure activities during the residential visit to Normandy from 10-16 April 2016:

I understand that full information will be provided and explained at the parents meeting, including the insurance details (attached) and I have read the insurance policy. I agree to his/her taking part in any or all of the activities described.

Before signing this Consent Form it is important that you understand that:

- 1. While the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the School Governors, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the education visit/journey, unless such loss, damage or injury results from the negligence of the Governing Body/ Harrold Priory, Lincroft and Margaret Beaufort Schools, its employees or official volunteers, and:*
- 2. That you read and understand the extent and limitations of the insurance cover provided.*

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

Signed:

Parent/Carer:

Print Name:

Date:

PLEASE RETURN TO MRS BODDINGTON BY FRIDAY 12th FEBRUARY 2016


SUMMARY OF COVER – SCHOOL JOURNEY POLICY (no winter sports)

Policy Number: KSC-242052-8393
Insurer: Zurich Municipal
Policyholder: Sharnbrook Academy Federation
Period of Insurance: From: 1st September 2015 To: 31st August 2016

This is a summary of the significant features, benefits and limitations of the cover by Zurich Municipal's School Journey policy. The full terms, conditions and exclusions are shown in the Policy Document, which can be obtained from Zurich Municipal.

Type of Insurance and cover

The Policy provides indemnity against specified risks of cancellation, personal accident, medical, personal effects and legal liability related expenses.

Significant features and benefits

Insurance is provided for each individual member of a School Journey party (an "Insured") involved in full-time education, or a teacher or other adult not over 65 years of age.

This Policy covers any trip or excursion not exceeding 31 days in duration (including exchange visits and work experience placements) approved by the Policyholder involving travel outside the school boundaries but excluding trips or excursions where insurance is provided as a part of the package price, or winter sports holidays and trips.

The policy cover will run from the time of assembly of the School Journey party prior to departure until dispersal on return including direct travel to and from home. In respect of Cancellation and Other Expenses cover commences on the date that the first deposit is made.

Insurance is provided against the following major events:

Event:	Limit:
Cancellation	£1,000 any one Insured
Medical and Associated expenses	£1,000,000 any one Insured
Personal Accident	
Death	£20,000 (aged 16 and over), £7,500 (aged under 16)
Permanent or total disablement	£20,000
Permanent partial disablement	Up to £12,000
Permanent facial disfigurement	£2,000
Loss/damage to teeth/dentures	£500
Temporary total disablement not exceeding 104 weeks	£20 per week (aged 16 and over), £5 per week (aged under 16)
Personal Effects and Money	
Any one article/set of articles	£250
All money	£400 any one Insured
All money in custody of responsible adult	£2,500
All property	£1,500 any one Insured
Legal Liability	
Injury or Property damage	£25,000,000 any one occurrence
Pollution and Contamination	£25,000,000 any one period of cover

Significant or unusual exclusions or limitations

Excess

The first £15 of any claim for most aspects of cover under Cancellation, Personal Effects and Medical Expenses.

Activities excluded

- Winter sports
- Motor-cycling, racing of any kind other than on foot, or air travel other than as passenger in a licensed passenger carrying aircraft

General Insurance Exclusions

- Intoxication of or the illegal use of drugs by any Insured or deliberate exposure to unnecessary danger (except in an attempt to save human life) or sexually transmitted disease
- Any Insured undertaking a School Journey against medical advice
- Any loss directly or indirectly arising out of, contributed to by, or resulting from actual, threatened, feared or perceived use of biological, chemical, radioactive or nuclear agent, material, device or weapon
- Ionising radiation or contamination by radioactivity
- War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power
- Pressure waves caused by aircraft or other aerial devices travelling at sonic or supersonic speeds

Special conditions

- There are a number of obligations on the Insured relating to disclosure of information at the time of booking the trip and to their conduct in the event of a claim.
- There are conditions about required standards of proficiency for participation in hazardous activities, and conditions about safety equipment for use with water based activities

Claim notification

If you want to make a claim, please contact the Policyholder at their address. Claims are to be notified as soon as possible, with full details to be provided within 30 days of the claim (7 days in respect of riot or malicious damage) including supporting evidence in writing. The Police must be notified as soon as possible in the event of theft or malicious damage.

Cancellation Rights

This policy does not entitle you to a cooling-off period.

Complaints Procedure

We want to provide a first class service. If you have any cause for complaint you should, in the first instance, contact either the Policyholder or Zurich Municipal on 0870 2418050. Please quote the details of your policy (your surname and initials, policy number, departmental reference, etc).

If you remain dissatisfied with the response, we will refer your complaint to our Customer Relations Team for a separate review. They will notify you once they receive your complaint and will provide you with a final response when they have completed their inquiries.

If we are unable to resolve your complaint to your satisfaction within 8 weeks, or if we have provided you with a final decision letter, you may be able to refer your complaint to the Financial Ombudsman Service (FOS). This is a free and impartial service.

The FOS can be contacted on 0845 080 1800 or emailed at complaint.info@financial-ombudsman.org.uk

The FOS will only consider your complaint if, at the time of notification, you are a private individual, a business with a group annual turnover of less than £1 million, a charity with an annual income of less than £1 million or a trustee of a trust with a net asset value of less than £1 million.

Following the Complaints Procedure does not affect your legal rights.

Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation should we be unable to meet our obligations. You may contact the FSCS on 020 7892 7300 or further information is available at www.fscs.org.uk

Law applicable to the contract

UK law allows both you and us to choose the law applicable to the contract. The contract will be subject to the relevant law of the United Kingdom, the Isle of Man or the Channel Islands relating to your address as shown in the schedule. If there is any dispute as to which law applies it shall be English law.

How we will use your data

Zurich Insurance plc holds data in accordance with the Data Protection Act 1998. It may be necessary for us to pass data to other organisations that supply products and services associated with this contract of insurance. In order to verify information, or to prevent and detect fraud, we may share information you give us with other organisations and public bodies, including the Police, accessing and updating various databases. If you give us false or inaccurate information and we suspect fraud, we will record this and the information will be available to other organisations that have access to the database(s). We can supply details of the databases we access or contribute to, on request.

Zurich Municipal is a trading name of Zurich Insurance plc. A public limited company incorporated in Ireland Registration No. 13460 Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland. UK branch registered in England and Wales Registration No. BR7986. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Authorised by the Irish Financial Regulator and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request.

SJ (no WS) KSC Aug 10