



WOODBROOK VALE SCHOOL

HEADTEACHER: Rachael Fraser BA (Hons) NPQH
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11 December 2019

Dear Parent/Carer

Ski Trip: 4 April – 10 April 2020

Please find enclosed a number of forms for completion:

- A parental consent form in the event of any medical treatment being necessary whilst we are in Italy. Please note: this form needs signing in **TWO** places – once for the doctor in Italy and once for permission for pain relief tablets/prescribed medication.
- A questionnaire, please complete fully and according to the instructions given.
- A medical information form.
- A kit list for your use.
- A copy of the insurance policy schedule. (A full copy of the insurance policy will be available to view or download on our website in 'letters home')

If your child's medical needs change before the trip and could affect travel, you **must** let the school, and the insurance company know as soon as possible

It is important that these forms are completed and returned to Mrs Woolley by Friday 14 February 2020.

A valid EHIC card (previously E111 form) is also required. To obtain an EHIC card either collect a form from the Post Office, or apply online at www.dh.gov.uk/travellers. I would advise that this is done as soon as possible as the process can take up to three weeks. If your child already has an EHIC card, it will not be necessary to obtain another one, but please check the expiry date on the card. It is necessary for us to take the original card with us, not a photocopy, but I will return the card after we have returned from Italy.

It is imperative that when asked to supply a contact number, this is available for 24 hours a day for the duration of the trip.

The Hotel address is: Hotel 3 Signori
Via Vedig 17
Santa Caterina, Valfurva (SO)
Italy

Emergency Contact Number: 07990 651347
(This telephone number must only be used in an emergency)

Yours faithfully

Ian Smith
Head of PE and Music



PARENT CONSENT FORM FOR MEDICAL TREATMENT

Ski Trip: 4 April – 10 April 2020

This signed form is necessary to permit teachers to authorise any medical treatment that may be needed whilst students are on the Ski Trip. Hopefully this will not be required but a doctor would not carry out any necessary treatment without parental consent.

I give permission for the necessary medical treatment which may include anesthetic, surgical intervention and transfer to a hospital in the event of an emergency.

Signed: (Parent/Carer) Date:
(Signed by the person having legal responsibility for the young person named below)

Name of Child

Date of Birth

Name of Parent/Carer

Address

.....

.....

My son/daughter has the following medical conditions (please specify)

.....

.....

My son/daughter is allergic to:

Name and Address of Doctor:

.....

.....

N H S Number

Emergency Contact Name

Telephone Number

THIS MUST BE A 24 HOUR CONTACT NUMBER FOR THE DURATION OF THE TRIP

I give permission for my child to be given pain relief/prescribed medication.

Signed: (Parent/Carer)
(Signed by the person having legal responsibility for the young person named above)

Date:



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Please complete with the selected codes below

Surname:

Forenames:

M/F: D.O.B. dd/mm/yy:

Age: Medical Y/N:

Special Diet: Height in cm:

Weight in Kg: UK Shoe Size:

Ski Level: Head Size:

NOTES TO HELP IN COMPLETING THIS FORM:

Surname	As it appears in passport
Forename	As it appears in passport
Title	Mr, Mrs, Miss, Ms or Master (age 11 or under)
Date of Birth	Date, Month, Year.
Age	As on date of return
Medical Condition	Yes or No – Existing or pre-existing condition. If “Yes” you will need to complete the medical form enclosed. Please also indicate in this column if your child has a nut allergy.
Special dietary requests	N = Normal
	V = Vegetarian (eats dairy, no meat or fish)
	PV = Pesco Vegetarian (eats fish and dairy, no meat)
	VG = Vegan (no meat, fish or dairy)
	K = Kosher
	O = Other (e.g. Nut allergy etc – please specify)
Height	In cm
Weight	In Kg
Shoe Size	UK size
Ski Level Codes	N = Beginner
	B = Intermediate (1-2 weeks on snow)
	A = Advanced (higher intermediate 3-6 weeks on snow)
Helmet Size	Helmet Sizes required in CMs , supplement applies to hire. Sizes are only required if hire is needed. NOTE: It is compulsory to wear a helmet for skiing in Italy.



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MEDICAL INFORMATION

SCHOOL: Woodbrook Vale School

PASSENGER NAME:

MEDICAL CONDITION:

Details of condition (i.e. severity, brief outline of symptoms)

Details of medication (i.e. type of medication, who administers it, how often it is required)

Additional Information (i.e. any previous problems with travelling, any related information)



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Clothing/Kit Guide

Student's Name: Form:

Suggested items for the Ski Trip	Tick list – Outward Bound	Tick list – Homeward Bound
Ski-Wear Guide		
Helmet		
Salopettes and Ski Jacket (or Ski Suit)		
2 vests or T-shirts (possibly of the thermal variety)		
3 pairs of ski socks		
Gloves/mitts and a spare pair		
Ski hat/bobble hat (for non-ski time)		
Goggles		
Sunglasses (not really expensive ones!)		
Moon boots/walking boots		
Sun cream/block & lip salve and moisturiser		
Clothing Guide		
Underwear & socks (weeks supply)		
2 cotton/woollen jumpers/fleeces		
2 pairs casual trousers (e.g. cords or jeans)		
1 waterproof coat		
4 casual shirts/tops		
1 large towel & 1 small towel		
Wash kit: shampoo, toothbrush, toothpaste, face cloth, hairbrush/comb		
Trainers/shoes		
Pyjamas		
Bin bag for dirty washing		
Appropriate Swimwear		
Extras for the journey		
1 packed lunch/soft drink		
1 pillow/cushion		
Reading book/magazine/word-search etc		
Pen & notebook		
Tissues		
Mobile phones/tablets etc. (the school will not accept any responsibility for these items)		
Approximately 70 Euros spending money (10 Euros per day)		

Please clearly label everything your child is taking, in order that anything mislaid can be returned.