# King Edward VI School

## 2019 Prague Visit – Monday 1 July to Friday 5 July

## PARENTAL/CARER AGREEMENT

**Right of Withdrawal of place by school**

I agree that the school has the right of withdrawal of a place on the visit at any time, refunds given will be in line with the terms below. If the school feels your child demonstrates unacceptable behaviour prior to the visit that could increase the risk on such a trip the school can withdraw the place and **no** refunds will be given.

**Behaviour of student**

The students will need to follow strict instructions and adherence to the law in the UK and Czech Republic. This will include no smoking/vaping and/or the taking of prohibitive substances including alcohol. Any student that does not adhere to these rules will face consequences in line with the school behaviour policy - and if the Czech authorities become involved it will the parent's responsibility to handle the situation completely with their time and at their expense, including any transport costs.

**Insurance**

I understand that insurance is being provided by the school insurance company (and I am aware of the limits of the cover of this policy). It is my responsibility to ensure the cover provided is appropriate for our personal circumstances. The insurance provided does not come into effect until the details below are completed and the booking form has been completed and confirmed by tour operator. If there are any existing medical issues that can impact on insurance these need to be declared and provided separately. Parents are more than welcome to take out an additional travel insurance policy at their own expense and if they do so, policy details must be passed to the visit leader. this will become the insurance for this child and the school insurance will no longer be valid.

**Photographs**

I understand and consent that photographs taken on the visit may be used in school or education service promotional information.

**Payment commitment due to trip withdrawal**

If my son/daughter is withdrawn (by the parent /carer) from the visit, then I agree to the payment conditions and details below:

- The deposit of £200 is non-refundable.
- Between date of this letter and 13 weeks prior to departure – loss of 50% of visit cost
- Between 7 and 13 weeks prior to departure – Loss of 75% of visit cost
- Between 3 and 7 weeks prior to departure – Loss of 90% of visit cost
- Within 3 weeks of departure – Loss of 100% of visit cost

The payment schedule for this visit is agreed as detailed below:

| | |
|---|---|
| Initial Deposit Wednesday 10 October 2018 | £200 |
| Interim Payment Friday 23 November 2018 | £150 |
| Final Payment Friday 29 March 2019 | £375 |
| **Total to be paid** | **£725** |

All payments are to be made via the Parentpay system. The stage payments above are the minimum payments that need to be made by the stated dates. These amounts need to be paid by these deadlines to enable us to pay our supplier. **A delayed payment could result in us having to cancel your child's place as the school cannot be exposed to any cancellation fees. In the event of non-payment in line with the schedule above then no refunds will be made in the event of a cancellation.**

**Booking Form details** (for insurance purposes). **A copy of their passport is also attached.**

| First Name** | Last Name** | Gender M/F** | DOB** |
|---|---|---|---|
| | | | / / |

****Per Passport**

I confirm this is the name on the passport and will be used for air passenger information

| ……. | ……. | …… |
|---|---|---|
| Signature<br>Parent / Carer | Print name in full | Date |

**Medical details**

In addition to the declaration of any existing medical issues that can impact on insurance, please declare any medical or other issues that are relevant that may impact on the risk assessment undertaken by the school. Please provide details below. This includes those carrying liquids for diabetes or an EPIPEN. Please inform us and ensure the passenger has a doctor's prescription as we are travelling by air. (attach additional information if necessary)

Circumstances change, it is also important that the visit organiser is informed of any circumstance that may impact on the insurance cover or the risk assessment of the visit. I agree to inform the visit organiser of any such circumstances.

I am also happy to complete a medical consent form closer to the date of departure detailing any medical issues that may be relevant to this visit.

**Dietary Requirements**

*Please list below any special dietary requirements your child may have (vegetarians, nut allergies etc.) so that we can pass this information on to accommodation centres/restaurants as required.* ***For Vegetarians, please advise if they can eat fish and/or eggs. For those carrying liquids for diabetes or an EPIPEN please inform us and ensure the passenger has a doctor's prescription as we are travelling by air.***

Finally, I need to ensure you are fully aware of the baggage allowance excess charges that may be charged to an individual at the airport by the carrier if they exceed the allowable weight. These charges can be considerable.
I have read and agree that the responsibility for any excess baggage charges is with my son/daughter and this will have to be paid at the airport itself.

| ……. | ……. | …… |
|---|---|---|
| Signature<br>Parent / Carer | Print name in full | Date |

*(Please return attached confirmation slip in an envelope clearly labelled FAO Mrs Vanessa Jetson - Bader Office – Prague visit 2019. Please also mark clearly on the envelope the name and tutor group of your child. RETURN BY Wednesday 10 October 2018)*