

Our Ref: IGO/LPA/PS137/22
2 February 2022

Dear Parent/Carer

Ski Trip 2022

After 2 years away from the slopes, we are thoroughly looking forward to the Ski Trip 2022 in Passo Tonale, Italy.

We are at the stage where we now require some key pieces of information before we depart. We need your consent to the sharing of your child's information, for GDPR purposes. **Please would you complete the google form [Ski information](#) by Wednesday 9 February.**

Passport Details

Your child will need a current passport valid for at least 3 months from the date that we leave Italy on 15 April 2022.

Please would you provide us with a copy of your child's passport by Wednesday 9 February.

Copies can either be scanned and returned to us by email lpasfield@theangmeringschool.co.uk or handed in at Main reception in an envelope marked for the attention of Mrs Passfield.

We will collect the original passports into school shortly before the trip - details to follow.

GHIC (formerly EHIC)

Please would you apply for a GHIC (Global Health Insurance Card) for your child. We suggest that you do this as soon as possible. We will collect the GHIC cards into school at the same time as the passports.

You can apply for a GHIC for free via this link
[Apply for a UK Global Health Insurance Card \(GHIC\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/apply-for-uk-global-health-insurance-card)

Super Green Pass

As previously advised, the current entry requirements for entry to Italy are that students will need to have had 2 Covid vaccinations. The second vaccination needs to be 2 weeks before the date of the trip therefore by 23 March 2022. This will then enable parents to apply for a Super Green Pass. We are awaiting further information from the Tour Company on this aspect and will advise you as soon as we have more details.

Ski Trip 2022 - Kit List

One holdall/suitcase only to contain:

- Salopettes or similar
- Ski gloves
- Ski socks (please bring more than one pair!!)
- layers to wear while skiing
- Sweater or fleece for skiing
- Goggles – essential if it snows
- Sunglasses (You can wear goggles for the week but may prefer to pose in sunglasses if sunny.)
- Woolly hat
- Suncream, Lip balm, After Sun.
- Optional – Camera, ski clips.
- Casual clothes
- Casual footwear with **good grips** to wear when out in evenings. (Snow boots, or similar that is waterproof)
- Towel (Due to hygiene requirements, the hotel will not be providing towels).
- Toiletries
- Strepils (altitude and cold weather can cause sore throats)

Parents' Evening

We will be holding a parents' information evening on **Wednesday 16 February at 6pm in the school library**. This will include a presentation from myself as trip leader and from a representative of the ski tour company, Equity. It will be an ideal opportunity for you to ask questions. Students should attend the meeting as well.

Our partners at Pipe Dreams. <https://pipedreams-online.co.uk/> will also be attending with information on ski clothing and will be offering a hire service on key items.

Medical/Consent Form

Please would you complete and return the attached medical consent form.

Completed forms may be returned by email to lpassfield@theangmeringschool.co.uk or in a sealed envelope to Main Reception for the attention of Mrs L Passfield.

Ski Hoodies

We will be ordering ski hoodies for students to wear on the trip. These not only provide your child with a lasting memory of their ski holiday but also act as a helpful form of identification whilst on the trip. There will be a small additional charge for the Hoodies - details to follow.

In the meantime, please would you advise us of the size Hoodie your child will require and initials for the Hoodie via the google form above.

Hoody sizing

Measurements	XS Age 12/13	S	M	L	XL	XXL	XXXL
Chest Size	34"	36"	40"	42"	46"	50"	53"

Please do not hesitate to contact me if you have any questions.

Yours sincerely

Mr Gooding

igooding@theangmeringschool.co.uk

Please find consent form on the page below.

CONSENT AND MEDICAL FORM

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN
BELOW – return to Mrs Passfield Main Reception or email
lpassfield@theangmeringschool.co.uk



NAME OF STUDENT:.....TRIP: Ski Trip 2022

I confirm that I am the person who has parental responsibility for the student named above. I have read the information relating to the trip, and my son/daughter is aware of the details. I believe that he/she is fit to take part in the activities and have declared any relevant dietary requirements and medical details on the form below.

I give consent for the staff to seek medical advice should illness or an accident occur. If a surgical operation or injection becomes necessary, I authorise the teacher in charge to sign on my behalf any written consent to operate, as advised by the medical authorities. I also consent to my son/daughter being administered a non-prescription painkiller by a member of staff if he/she requests.

I agree to my son/daughter taking part in any or all of the activities described in the information.

I understand that if the party leader considers the behaviour of my son/daughter to be unsatisfactory or could in any way jeopardise his/her own safety or that of others, that he/she will be excluded from activities or, in the extreme, be asked to return home early at my expense.

I understand that it is vital for all pupils to obey, without question, the instructions of the staff.

I understand that while the school staff in charge of the party will take all reasonable care of the students they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter which occurs as a result of the school trip.

Medical Detail: please note that all of this information is essential.

Fill in below where the person legally responsible for the student will be contactable during the time of the trip:

Name: Telephone Number:
(Please print name)

Current Address:

Doctor's Name & Address:

Doctor's Telephone Number:

Date of last tetanus injection:

Any known allergies/dietary requirements:

Prescribed medication to be taken:

Please indicate any medical conditions below. Please include all relevant information
(if you are not sure, please tell us anyway):

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Signed: Date:

Please print name: