

# Oaklands Catholic School and Sixth Form College

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23<sup>rd</sup> January 2024

Dear Parent/Carer,

## **Geography Trip to Iceland July 2024 – update**

I wanted to take this opportunity to provide you with some updates for the Iceland trip.

### **1. Information evening reminder**

The trip information evening will take place on **Monday 15<sup>th</sup> April 2024 at 6.00pm** in the Hall. During the evening (it will take about 45 minutes), we will explain our plans for the trip, show slides taken on previous visits, discuss clothing required and go through things such as code of conduct. This is an important meeting and we expect every student and his/her parent to attend.

### **2. Student information**

I will be collecting the key information about your child (passport details, contact details etc) using an online form. If you click on this link -

[https://forms.office.com/Pages/ResponsePage.aspx?id=q510xXSzsk6TjW\\_s7KPIr8tBAQrHeexDmj12oyvFhXdUMk9N0TdNNDQ5Qk42WkNTWTVSRENrWTI5MS4u](https://forms.office.com/Pages/ResponsePage.aspx?id=q510xXSzsk6TjW_s7KPIr8tBAQrHeexDmj12oyvFhXdUMk9N0TdNNDQ5Qk42WkNTWTVSRENrWTI5MS4u) - you will be able to fill the information in that I require. The link has also been published on the Iceland trip 'Team'. However, the medical form will still be in a paper format (attached to this letter).

### **3. Payment schedule reminder**

You should have paid so far:

- Initial deposit – 200 (£213 if over 16 at time of travel due to the airport departure tax)
- Second payment – 30<sup>th</sup> October 2023 - £200
- Third payment – 30<sup>th</sup> November 2023 - £200
- Fourth payment – 22<sup>nd</sup> January 2024 - £200
- Fifth payment – 29<sup>th</sup> February 2024 - £200
- Sixth payment – 28<sup>th</sup> March 2024 - £200
- Seventh and final payment – 15<sup>th</sup> April 2024 - £160). However, please read point 4 below, because the revised final payment will now be £168.

Payments as of 23/1/24 – you should have paid £800 (£813 if your child is going to be over 16 at the time of travel)

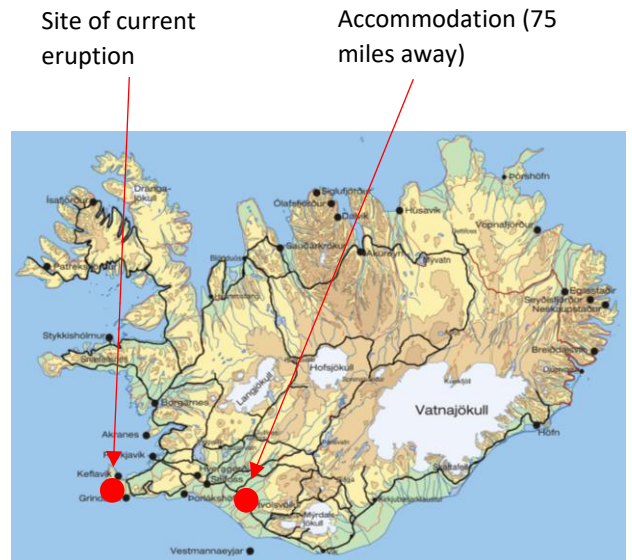
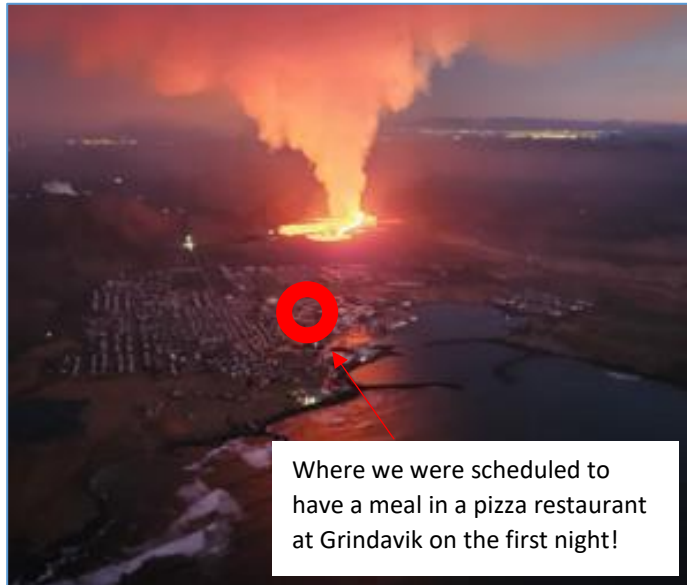
Paid:

- ### **4. Tourist tax**
- I was contacted recently by the tour company to advise that the Icelandic government have introduced a £2 a night tourist tax. This wasn't budgeted for originally, so we will have to pass this £8 cost on to you. Consequently, the final payment in March will be £168, not the £160 as first planned. Apologies for this.

PTO

## 5. Recent volcanic activity

Volcanism is common in Iceland and currently a volcanic system is restless in the southwestern part of the country. The airport has remained open throughout this episode as the product of the volcano has been lava – unlike the 2010 eruption of Eyjafjallajökull that caused widespread flight disruption across Europe due to ash. The ash was created as that volcano erupted under an ice sheet, but the southwestern part of Iceland does not have these, so the current eruptive activity will remain effusive and not an issue for air travel. The photo below was taken in January 2024.



I have been in contact with the company to see how we can revise the plan, given that Grindavik may cease to exist. We will now go straight to Reykjavik when we land to spend time there and have a meal in the city (instead of visiting on the final morning). Our trip to the Blue Lagoon will be on the final morning before we go to the airport; the Blue Lagoon has recently reopened after the volcanic activity nearby.

## 6. Passports + Covid

At the time of writing (23/1/24), the FCO website states that passports must be less than 10 years old on the day you enter (check the 'date of issue') and valid for at least 3 months after the day you plan to leave (check the 'expiry date'). Please ensure that your child's passports meet these requirements. There is no requirement to be vaccinated for Covid to gain entrance to Iceland currently.

If you are not travelling on a British passport, you can read about travel visa here - [Government of Iceland | Embassy of Iceland in London](#) . Iceland is part of the Schengen area.

## 7. Hoody for the trip

I am not in a position to provide the hoody order form at this stage. I will contact students as soon as this is available, should they want one.

Finally, I look forward to meeting you on Monday 15<sup>th</sup> April at 6.00pm and in the meantime if you have any queries please do not hesitate to contact me by email ([m.bamford@oaklandscatholicschool.org](mailto:m.bamford@oaklandscatholicschool.org)).

Yours faithfully,

Mr M Bamford – Assistant Headteacher/Iceland Trip Leader

### Medical and Consent Form

Name of Establishment: \_\_\_\_\_

Visit: \_\_\_\_\_

Date/s: \_\_\_\_\_

#### Personal Details of Participant

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Mobile (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male / Female (delete as appropriate)

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Emergency contact must be contactable for the duration of the visit / activities

Emergency Contact – 1) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact – 2) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Any special dietary requirements? \_\_\_\_\_

#### Medical Information

Name and address of participant's Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ NHS Number (if known): \_\_\_\_\_

**Has the participant had or have any of the following? *Where 'YES', please give specific details overleaf.***

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Sleepwalking	Yes	No
Regular medication	Yes	No	If a residential, overnight care considerations	Yes	No

#### Is the participant receiving:

Support and/or treatment for mental health from their counsellor or Doctor? Yes No

Medical or surgical treatment of any kind from their Doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

*If the answer to any of these questions is Yes, please give details overleaf (including name, dosage of any medicines)*

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

#### Consent for programmed water sports and water related activities

*(e.g. kayak, canoe, sail, windsurf, rafting, etc., or activities involving water e.g. caving, gorge walking)*

Please tick ONE of the boxes below to confirm the water confidence and swimming capability of the participant.

**Ticking either box confirms your consent to your child undertaking water activities within the programme provided.**

**This information will be passed to the Activities Provider to support any appropriate adjustments for inclusive participation.**

A) My child and or I am water confident and can swim (including can submerge head without becoming distressed).

B) My child and or I am a non-swimmer and/or may be nervous in and around water.

**NB: If the planned water activities require a specific swim distance and or competence to take part, then this should be clearly communicated to the participants and or parent/guardian to gain this information. *If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space overleaf.***

**Medical and Consent Form**

Name of Establishment: \_\_\_\_\_  
Visit: \_\_\_\_\_  
Date/s: \_\_\_\_\_

Additional Medical, Support Needs Information for the planned visit: (Add additional sheets if required).

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Consent for the Visit

I confirm that I have parental responsibility for \_\_\_\_\_

He/she is in good health and I consent to him/her taking part in **ALL** activities set out in the visit information.  
*(Any variation to this should be noted overleaf or above).*

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.  
In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader. I accept that, by their nature, adventure activities and educational visits may involve some level of risk which cannot be fully eliminated, and I consent to my child taking part.

\_\_\_\_\_ Print name here: \_\_\_\_\_

Signed by person with parental responsibility for participants under 18 years of age.

\_\_\_\_\_ Print name here: \_\_\_\_\_

Signed by participant if aged 18yrs and over.

Date: \_\_\_\_\_

Image Consent - Note to visit leaders - Consent must be obtained if you intend to use images of identifiable young people and adults.

Schools should already have Image Consent in place as part of their enrolment procedures.

All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpage-  
<https://hants.sharepoint.com/sites/CESC/SitePages/Guidance-and-consent-forms.aspx?web=1>

GDPR Statement

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.

This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe.

This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.

You have some legal rights in respect of the personal information we collect from you.

Please see our website Data Protection page for further details: [www.hants.gov.uk/dataprotection](http://www.hants.gov.uk/dataprotection)