



NORD
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16 April 2014

RE: YEAR 12 TRIP TO CAMBODIA – GROUP 2

Dear Year 12 Parents,

As you know, the Year 12 students will be going to Cambodia as part of the Creativity Action Service element of their IB course. As we are taking a big group of students this year, we will be splitting the students into two groups. These groups have been created to facilitate preparation for the TOK presentations which the students will be doing when they come back from the trip. We will be visiting the Indochina Starfish Foundation Schools in Phnom Penh, and a reforestation project based in Camp Beng Pae Kampong Thom Province, as well as exploring the country and gaining an understanding of the history of this incredible country. Your son or daughter is in Group 2, which departs on Saturday 14 June and returns early on Sunday 22 June.

FLIGHT DETAILS:

Saturday 14 June, Flight MU759 from Pudong, Terminal 1 to Phnom Penh, departing at 19:55

Sunday 22 June, Flight MU760, arriving at Pudong, Terminal 1 at 04:55.

VISAS

Please ensure that your son or daughter's passport has at least 6 months validity at the time of entry into Cambodia and a valid Chinese visa which allows them to travel to and return from Cambodia. Your son or daughter will need a Cambodian visa which can be obtained online through the following link: www.mfaic.gov.kh/evisa.

MEDICAL AND EMERGENCY CONTACTS

We are using a company that is experienced at organising school trips worldwide, CAMPS International (www.campsinternational.com). The areas we will be visiting are considered to have low risk of disease transmission. However, as with travel in most Asian countries, there is specific medical advice and some vaccinations are recommended. International SOS, a company we regularly consult on such matters (www.internationalsos.com), recommends vaccinations for hepatitis A, hepatitis B and typhoid, and also suggests malaria prevention. The areas in which we are travelling have a low risk of malaria, but care is needed to avoid mosquito bites by using insect repellent and wearing long sleeved shirts/trousers after dusk. There is also the option of taking anti-malarial tablets. If you wish to explore this further, please consult your doctor for up-to-date medical advice for travel to Cambodia.

Please complete the forms attached to this letter and return them to our secondary reception **no later than 28 April**. This is to ensure that we have up to date medical, insurance and emergency contact information for your son or daughter.

With best wishes,
Ling Coong, CAS Coordinator



REPLY FORM: YEAR 12 CAS TRIP TO CAMBODIA EMERGENCY
INFORMATION FORM

Please complete the form attached to this letter and return them to our secondary reception no later than 28 April.

Student Name..... Class.....

Medical Information

Does your child suffer from any medical conditions that may require any medical treatment during the visit? **YES/NO**

If yes, please provide details below:

Has your child suffered from an infectious disease within the last 6 weeks? **YES/NO**

If yes, please give details below:

Does your child have any allergies? **YES/NO**

If yes, please give details below:

Is your child currently taking any medication? **YES/NO**

If yes, please give details below:

Medical Insurance

Our child's medical insurance provider is.....

Policy number Telephone number.....

Food requirements

Does your child have any special food requirements or allergies? **YES/NO**

If yes, please give details below:



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Emergency Contact

Please provide details of the emergency contact who can be contacted by school in the event of an emergency during the visit. Contact Person 2 will only be used if the first person is unavailable.

Contact Person 1

Name.....

Relationship to child.....

Telephone number(s).....

.....

Contact Person 2

Name.....

Relationship to child.....

Telephone number(s)

.....

Passport Information – passport information of child

Name (as written on passport).....

Passport Number (of child).....

Nationality of Passport.....

Chinese Visa

Number Expiry Date.....

I agree that my son/daughter can participate in the visit and planned activities, and can receive the necessary emergency treatment should the need arise.

Signed: **Date:**

Parent's name (printed):