北京德威英国国际学校



23<sup>rd</sup> January 2024

Dear Parents,

Subject: SUZMUN Conference in Suzhou - 16th to 19th May 2024

I am pleased to inform you about an enriching opportunity for our students to participate in the Suzhou Model United Nations (SUZMUN) conference, scheduled from Friday, 17th May to Sunday, 19th May 2024. This event is not only a fantastic experience but also a brilliant platform for our students to engage in critical debates and enhance their understanding of global diplomacy and international relations. More information about the conference can be accessed here <a href="https://www.suzmun.org/">https://www.suzmun.org/</a>.

We are planning to travel to Suzhou on Thursday, 16th May by train, and have arranged a bus to transport the students from the school to the train station. On our return, the students will be flying back from Wuxi on Sunday evening and will need to be collected from the Capital Airport.

The trip is estimated to cost approximately 6,000 RMB, covering the travel, accommodation, meals during the conference, and an additional meal on Friday evening. To secure a spot, we kindly request an initial non-refundable deposit of 3,000 RMB by **Friday 23<sup>rd</sup> February**. Interested students should please complete the attached form and follow the provided link for the deposit payment. Final payment will be due by **Tuesday 2<sup>nd</sup> April**.



I am looking forward to what promises to be another successful MUN conference. Should you have any questions or require further details, please do not hesitate to contact me at Andrew.carey@dulwich.org.

Yours sincerely,

Yours sincerely,

Catherine McCaw Head of History and Theory of Knowledge Dulwich College Beijing Andrew Carey Politics and History Dulwich College Beijing

北京德威英国国际学校



# Dulwich College Beijing PARENTAL CONSENT AND MEDICAL INFORMATION FORM

Please complete the form below and return to Andrew Carey by Friday 23rd February

| 1. |  |                                       | ZMUN conference<br>May – Sunday 19 <sup>th</sup> May |                                  |   |
|----|--|---------------------------------------|--|----------------------------------|---|
|    | Class<br>offered   | . I acknowledge                       | to take part in this resi<br>the need for my child   | dential trip and I agree to my c | (name in CAPITALS) of Year hild's participation in the activities we ensured that s/he understands ober of staff. |
| 2. | Contact  | t details of pare                     | nt/guardian during the                               | e time period of this trip       |   |
|    | Name: _  | Feme                                  | ando   | Relationship to                  | student: Pull   |
|    | if di  | one number(s)<br>ifferent<br>ifferent | Mobile:<br>Day:<br>Night:                            |                                  |   |
|    | Email a  | ddress:                               |  |                                  |   |
|    | Alterna  | tive emergency                        | contact during the tim                               | e period of this trip:           |   |
|    | Name:  |                                       |  | Phone:                           |   |
| 3. | Medica   | l information ab                      | out your child                                       |                                  | _   |
|    | a) Any conditions requiring medical treatment, including medication?  If YES, please give brief details: |                                       |  |                                  | YES/NO  |
|    | b)   | •                                     | ect bites, food etc?                                 | any known allergies e.g.         | YESNO   |
|    |  |                                       |  |                                  |   |

北京德威英国国际学校



| c) | Is there anything else relating to your child's health that we should know about in relation to this visit?  If YES, please specify: |   |  | YES/NO/                            |
|----|--|---|--|------------------------------------|
| d) | Please outline an  |   | quirements of your child:  |                                    |
| e) | When did you so  | n/daughter last hav                               | e a tetanus injection?   | _                                  |
| f) | Preferred medica<br>Please specify:  | al facility in Beijing (i<br>BJU<br>SOS<br>Other: | YES/NO<br>YES/NO   |                                    |
| g) | •  | ucer medication wit                               | er-the-counter pain reliever<br>hout specific prescription<br>VES NO<br>VES NO |                                    |
| ✓  |  | visit leader as soon and the commencement         |  | the medical or other circumstances |

#### 4. Insurance

authorities present.

Dulwich College International has a group wide travel insurance plan covering students and staff members of Dulwich College Beijing. The plan covers medical evacuation & repatriation, as well as medical expenses. Lost or stolen property is not covered.

✓ I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical

北京德威英国国际学校



Details of Dulwich College Beijing's Group Travel Plan for 2023-2024 are below:

| 1 | Territory of Coverage: Worldwide (excluding the cities of permanent residence) |  |
|---|--|--|
| 2 | Insured Persons: students and teachers & parents travelling with the students  |  |
| 3 | Age Limit: 6 months to 80 years  |  |

#### 4 Sums Insured:

Accidental Death & Disability: RMB200,000

Sudden Death: RMB50,000

Medical Expenses: RMB500,000 (Sub-limit of sickness medical reimbursement for domestic

travel in China: RMB1,000)

Medical Evacuation & Repatriation: Unlimited

Repatriation of Mortal Remains: Unlimited (Funeral Expenses are limited to RMB20,000)

Trip Cancellation: RMB10,000 Trip Curtailment: RMB10,000

Travel Misconnection: RMB3,000 (RMB350 for each 12 hours period of delay)

Travel Delay: RMB3,000 (RMB350 for each 6 hours period of delay)

Travel Disruption: RMB5,000

Travel Baggage Delay: 800 for each 4 hours period of delay

Travel loss of personal belongings: RMB3,000

Maximum covered duration for each trip (extendable to 100 days if it is emergency and critical

situation): 90

Aggregate limit per accident: RMB5,000,000

#### 5 **General Exclusions:**

Same Day Travel Trips

Luggage delay, loss or damage are not covered under your plan

Trips within cities of permanent residence

All sports in professional capacities

Diving, Parachuting, Skiing, Water-skiing, Paragliding, Hunting, Rock/mountain climbing, Abseiling, Hang gliding, Caving, Racing other than on foot, Winter sports, Wushu, Rassling,

Stunt, Bungee Jumping, Karting and any other similar activities

Pre-existing medical conditions

北京德威英国国际学校



You may feel it is prudent to ensure your child is more fully insured. If you have personal insurance, therefore, please provide details of your child's medical insurance policy:

| Insurance company name          |                             |
|---------------------------------|-----------------------------|
| Insurance policy number         |                             |
| Insurance company               |                             |
| ' '                             |                             |
| emergency phone number          |                             |
| I confirm that the              |                             |
| destination(s) of this visit is |                             |
| , ,                             |                             |
| covered by this policy.         | (please sign your initials) |
| I confirm that this policy      |                             |
| covers all activities included  |                             |
| in this visit.                  | (please sign your initials) |

- ✓ Whilst I understand that all possible safety measures will be taken, in the unlikely event of an accident, I release, waive and hold harmless the teachers, staff and directors of Dulwich College Beijing and Dulwich College Management from any claims, losses, damages or expenses which may arise during or after the trip.
- ✓ I agree to my child taking part in this visit and have read and understand the information provided.
- ✓ I acknowledge the need for my child to behave responsibly, and I understand and accept that should the Visit Leader believe that my child's behaviour poses either a threat to the group's safety or to the College's reputation my child will be returned to Beijing at the first available opportunity and at my expense.
- ✓ By signing this form I agree to pay the full amount of the visit as stated in the information provided.

| Parent's signature:      | Date:         |
|--------------------------|---------------|
|                          | 0, 1, 1, 1, 2 |
| Name (in BLOCK letters): | FERNANIO      |
| ,                        |               |