

January 2024

Dear Parent/Guardian,

I am writing to inform you about an opportunity for our Year 12 Students to attend Bournemouth Crown Court for the day. This will take place on **Wednesday 13th March 2024**.

The day will provide students with a good opportunity for an hours Question and Answer Session with a Criminal Judge and then have the opportunity to immerse themselves in the inner workings of the Crown Court by sitting in the gallery for the day. This is an excellent opportunity for students to have an experience they can write about in their personal statement. This trip will encompass a day of helping to bring to life their studies with new experiences.

Students will be leaving school at 8:30am by minibus and we will be returning for 4.00pm, so they will need to arrange alternative transport home if they would normally get a bus. Students will need to bring a packed lunch/drinks or cash to use in the Court Canteen.

There is no cost for this trip so if you would like your child to participate in this trip, please complete the medical form below by Friday 9th February 2024 and return to myself.

Kind Regards



Mrs Stedmon
Associate Assistant Headteacher



STUDENT NAME TUTOR

TO BE RETURNED TO

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
The purpose of this form is to obtain your consent for your child to take part in the proposed event.	
DATA PROTECTION	
Highcliffe School is a Data Controller for the purposes of the General Data Protection Regulation (2018). This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign <u>or</u> complete this form, you are providing your consent to Highcliffe School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.	
DETAILS OF PROPOSED EVENT	
Event: Bournemouth Crown Court – Wednesday 13 th March 2024	
Additional information:	
ACKNOWLEDGEMENT OF RISK	
This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. Details of planning and risk assessment are available on request.	
STUDENT'S DETAILS	
Full name:	
Home address:	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
Surname:	Surname:
Forename:	Forename:
Home address (inc postcode):	Home address (inc postcode):
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Relationship to student:	Relationship to student:
GP name:	GP surgery address (inc postcode):
Surgery telephone number:	



STUDENT NAME TUTOR

TO BE RETURNED TO

STUDENT'S MEDICAL INFORMATION

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health.
This information helps us to keep your son/daughter safe

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, eg material, food, plasters	YES / NO
Fits, fainting or blackouts	YES / NO	Other illness or disability	YES / NO
Severe headaches	YES / NO	Travel sickness	YES / NO
Diabetes	YES / NO	Regular medication	YES / NO

If the answer to any of these questions is YES, please give details:

TRIP PAYMENT**All trip payments are to be made using the school's online Wisepay facility**

I have paid using Wisepay and my reference number is	YES / NO
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CONSENT DECLARATION

I have received full details of the event, am satisfied with the arrangements and give consent for my child to take part in the proposed event.	YES / NO
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I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I give consent for the members of staff to act 'en loco parentis' for the duration of the trip.	YES / NO
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I give consent for my child to be photographed during the event and for these photographs to be used in school media.	YES / NO
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Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.	YES / NO
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COVID-19 GUIDANCE

In the event that your child begins to show symptoms of Covid-19 or tests positive for Covid-19 prior to the trip date or on the morning of the trip you must inform the school in line with our school policy and accept your child may not be able to attend the trip and may still be charged.

Please note that the venue you are travelling to may have their own policy regarding Covid-19 safety measures which your child will need to adhere to whilst on the school trip. The teacher will ensure that all students are aware of what these measures are before entering any venues.

TRAVEL INSURANCE

If you have any medical concerns that may impact on your child's ability to travel, please refer to our medical/travel insurance guidelines on the following link <https://highcliffe.school/l/TravellInsurance>

Signature:

Print name:

Date: