Highcliffe Sixth
Parkside, Christchurch, Dorset, BH23 4QD
office@highcliffesixth.com
01425 282322
www.highcliffesixth.com
@HighcliffeSixth

February 2025

Dear Parent/Carer,

In A-Level Geography, we have recently been studying the Changing Places module and have used Boscombe as our local case study within the topic, which could also feature as one of their 20 markers in their examinations in the summer. To support your child with their understanding of different Geographical concepts within this and to support with their case study knowledge, we are pleased to be offering a fieldwork visit to Boscombe town.

The trip will take place on **Wednesday 26th February 2025** and will run within the school day. **Students need to arrive at school by 8.30am and meet where the school coaches park.** We will be travelling via minibus and students will return to school by 3pm.

Please ensure that your child is wearing appropriate clothing i.e. warm and waterproof clothing and has writing equipment with them to take notes during the day (clipboards and booklets will be provided to pupils). Students also need to ensure they bring plenty of food and drink for the day. There will be an opportunity to purchase food and drink, but we recommend they bring other food/snacks to keep them going throughout the day.

The cost of the visit is **£8.50**, which covers the cost of transport to and from Boscombe and insurances. Payment should be made using the school's on-line Wisepay facility. Please make a note of your Wisepay receipt reference, as you will need to provide this on the attached slip/consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

This will be a valuable experience, which I am sure your child will find of great benefit.

To confirm that you give permission for your child to take part, please complete the medical form and return to Mr Houghton by **Wednesday 12th February 2025.**

Yours faithfully,

Mr D Houghton
Head of Geography

STUDENT NAME …… TUTOR ……..

TO BE RETURNED TO Mr Houghton by Wednesday 12th February 2025

PARENTAL CONSENT FORM (for children and young people under the age of 18)	
Event: Biology Field Trip	Date: Wednesday 26th February 2025
Student Name:	

MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	**ALTERNATIVE EMERGENCY CONTACT DETAILS**
Name of contact:	Name of contact:
Contact telephone number:	Contact telephone number:
Relationship to student:	Relationship to student:

STUDENT'S MEDICAL INFORMATION

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health and are significant to this trip

Asthma or bronchitis	YES / NO	Allergies to any known medication	YES / NO
Heart condition	YES / NO	Any other allergies, e.g. 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
Allergy Treatment - Anaphylaxis	YES / NO	Allergy Treatment - Histamine	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 WisePay

I have paid using WisePay and my reference number is ……..

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**
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**
I give consent for my child to be photographed during the event and for these photographs to be used in school media.	**YES / NO**
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**

Signed: **Print Name:** **Date:**