



November 2023

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Dear Parent/Guardian


As part of your child's GCSE Religious Philosophy and Ethics course in Judaism, it is strongly recommended that they visit a synagogue on at least one occasion. To this end we hope to be taking the group to the Orthodox Synagogue in Wootton Gardens, Bournemouth on **Wednesday 10th January 2024**.

We will travel to the Synagogue by minibus, leaving at 8.45am, and returning to school at break. Students will be required to wear school uniform and it will be necessary for boys to wear an appropriate head covering.

To cover the cost of transport and a small donation to the Synagogue we must ask for a contribution of £5.00. 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 medical consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

If you are happy for your child to attend, please return the attached medical consent form to Student Support by 8th December 2023.

Yours sincerely



Mr A Goddard
Religious Studies Department



STUDENT NAME TUTOR

TO BE RETURNED TO STUDENT SUPPORT BY FRIDAY 8TH DECEMBER 2023

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: YEAR 10 SYNAGOGUE TRIP	
Additional information: WEDNESDAY 10TH JANUARY 2024	
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 SUPPORT BY FRIDAY 8TH DECEMBER 2023

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 child 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
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
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/I/TravelInsurance			
Signature:	Print name:	Date:	