



September 2023

Headteacher - Patrick Earnshaw
Deputy Headteacher - Mathew Downs

Dear Parent/Guardian,

On **Thursday 5th October 2023** the Year 11 3D Art and Product Design students have the opportunity to visit the London Natural History Museum and the Science Museum.

The purpose of the trip is to give students the chance to develop their ability to photograph different animals, insects and elemental objects with teacher guidance, as part of their mock exams. Students will be able to develop their skills with composing and taking their own photographs, which will enhance their portfolio work. We would encourage all students to attend as this trip is designed as a useful experience to generate ideas for their first upcoming independent project.

We will be travelling to London by coach. Students are expected to meet outside reception at 7.30am, ready for 8.00am departure. We aim to return to school by 5.30pm, depending on traffic. Students are required to be in school uniform and bring a packed lunch. Students who are entitled to free school meals, will receive a packed lunch from the canteen.

Students need to bring a camera or a camera phone for taking photos.

The cost of the trip is £25. 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.

Please note – Students' poor behaviour and/or attendance could mean their place on the trip is revoked. You may not be entitled to a refund.

If you would like your child to attend, please complete the medical consent form attached and return it to Mr Bonar or Miss Whitney by Monday 2nd October.

Kind regards,



Mr Bonar
Design Technology



STUDENT NAME TUTOR

TO BE RETURNED TO MR BONAR OR MISS WHITNEY BY MONDAY 2ND OCTOBER 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 11 NATURAL HISTORY MUSEUM	
Additional information: THURSDAY 5 TH OCTOBER 2023	
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

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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/TravellInsurance			
Signature:	Print name:	Date:	