



November 2023

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Dear Parent,

We would like to offer your child the chance to have an "Introduction to rock climbing" session at Parthian Climbing, Southampton on **Wednesday 13<sup>th</sup> December** from 4.15pm until 5.45pm.

This session will be led by a qualified instructor, with all necessary specialist equipment provided. The students will be supplied with helmets that must be worn and adhere to all safety instructions throughout the session to ensure harnesses etc are being used properly.

Students need to bring appropriate clothing such as tracksuit bottoms, long shorts or PE leggings. A long-sleeved top is not essential, but a warmer long-sleeved top may be useful in case they get cold when not climbing and for the journey home. There are changing rooms at the venue for the students.

Students are advised to bring a drink and a snack. There is a café in the venue where students can buy food / drinks should they wish to.

We will be travelling by minibus, leaving school after period 5. We aim to be back at Highcliffe School at 7pm, traffic permitting. Students will be allowed to use their phones so can update you

There are only 16 places available, therefore the trip will run on a first come first served basis. The cost of the trip is £25. Payment can 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 medical consent form below. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment. Should your child not be successful in gaining a place on this trip, it may be possible for school to run further trips depending on demand, availability and the school calendar.

If your child would like to attend, please complete the attached medical consent form and return to Student Support as soon as possible.

Yours sincerely,



Mr. P. Evans  
Duke of Edinburgh & Outdoor Education Co-ordinator



STUDENT NAME ..... TUTOR .....

TO BE RETURNED TO STUDENT SUPPORT BY WEDNESDAY 29<sup>TH</sup> NOVEMBER 2023

| PARENTAL CONSENT FORM<br>(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.<br>The information you supply is being collected for the purpose of gaining your consent.<br>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  |                                       |
| <b>Event: YEAR 8 PARTHIAN CLIMBING, SOUTHAMPTON</b>  |                                       |
| <b>Additional information: WEDNESDAY 13<sup>TH</sup> DECEMBER 2023</b>   |                                       |
| 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.<br>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.<br>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 WEDNESDAY 29<sup>TH</sup> NOVEMBER 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: