

February 2024

Headteacher - Patrick Earnshaw

Deputy Headteacher - Mathew Downs

Dear Parent / Carer,

IET First Lego League Challenge

On **Monday 11th March 2024** your child has the opportunity to take part in the IET First Lego League Challenge at Cowes Enterprise College on Isle of Wight. This event will give the students a taste of how STEM is applied across the creation and programming of robots and links in with the following challenges that the students have been preparing for during the Robotics afterschool club involving:

- Robot Challenge
- Innovation Project
- Team Building
- Presentation Skills

We will be travelling to and from the event by minibus and ferry to the Isle of Wight. We will be leaving school at 7.30am and aim to arrive back at school at approximately 6.30pm. Students are required to be in full school uniform and must bring a packed lunch and a drink.

The event is due to finish at 2.30pm allowing us some time before boarding the ferry. Students may wish to bring some change for snacks/ice creams.

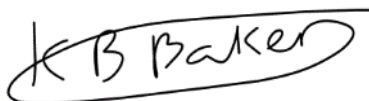
There is a cost of £30.00 to cover transport and the ferry. Payment should be made on the school's on-line WisePay facility, please make a note of your WisePay receipt reference, as you will need to provide this on the attached medical consent form. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

Please note - Student poor behaviour and/or attendance prior to the trip could mean your child's place on the trip may be revoked and you may not be entitled to a refund.

If you wish for your child to attend, please complete the medical consent form attached and return it to me in IT5 by Wednesday 27th March 2024.

If you have any questions, please do not hesitate to contact me on kbaker@highcliffeschool.com.

Yours sincerely



Mr K Baker
Computer Science and IT Teacher



STUDENT NAME TUTOR

TO BE RETURNED TO MR BAKER BY WEDNESDAY 27TH MARCH 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event:		Date:	
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: