



May 2024

Headteacher - Patrick Earnshaw  
Deputy Headteacher - Mathew Downs

Dear Parent/Guardian,

We are delighted to give your child the opportunity to attend a performance of Stephen Daldry's multi award-winning National Theatre production of *An Inspector Calls* on Thursday 30<sup>th</sup> January 2025 at The Mayflower Theatre, Southampton.

The event will give students the opportunity to consolidate their knowledge of the set text *An Inspector Calls* through a lively theatrical performance, alongside gaining further understanding and insight into characters, key themes and ideas presented within the play.

The performance will take place at The Mayflower Theatre, Southampton. Students will be travelling by coach, leaving school at 12:20pm and aim to arrive back at school at approximately 17:15pm.

Students are required to bring a packed lunch/snacks and drink. If your child receives free school meals, they will be provided with lunch by the school canteen.

The total cost of the trip will be £41, to be made in two payments. The first payment of £21.00 will need to be paid by Wednesday 22<sup>nd</sup> May, the second payment of £20.00 will need to be paid by Monday 24<sup>th</sup> June. Payment should be made using the school's on-line WisePay facility. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

This trip will be available to book on WisePay from 6pm Thursday 9<sup>th</sup> May 2024.

Please return the completed medical form to student support.

For more information, please visit <https://www.mayflower.org.uk/whats-on/an-inspector-calls-2025/> and if you have any further questions please do not hesitate to contact me via office@highcliffe.com

Yours faithfully,

Mrs L Fry

Assistant Director of Learning – English



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

TO BE RETURNED TO STUDENT SUPPORT

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: