Highcliffe School

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April 2024

Headteacher - Patrick Earnshaw
Deputy Headteacher - Mathew Downs

Dear Parent,

Activities Week - Imperial War Museum, London

I am pleased to inform you that as part of Highcliffe School's Activity Week, we are organising a trip to the Imperial War Museum for those Year 9 students that have selected GCSE History. The trip will run on **Friday 19th July 2024**. As part of this visit, students will explore the Holocaust galleries and consider why the holocaust happened, what life was like for Jewish people before and during the Second World War and what it means in our world today.

We will be travelling by coach, leaving school at 07:00 and aim to arrive back at school at approximately 16:30. 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. Students will be required to wear full school uniform although trainers are permitted.

The cost of the trip is £30 to cover travel, entrance and insurance costs. Payment can be made via the school's online WisePay facility. Please make a note of your WisePay receipt reference. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

The places are issued on a first come first served basis, however, the Headteacher will consider attendance and behaviour before the trip commences. If they are not acceptable, prior to the trip parents will be consulted and, where time allows, be involved in achieving a positive resolution.

Where participation is disallowed, this may result in the partial or full loss of trip costs.

Should you wish your child to take part in this activity, please return the attached medical consent form by Monday 20th May.

If you have any further questions, please do not hesitate to contact me at the school.

Yours faithfully,

Mrs M Roberts
Subject Leader - History

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:**