



May 2024

Headteacher - Patrick Earnshaw
Deputy Headteacher - Mathew Downs

Dear Parent/Guardian,

I am delighted to inform you that we are running a Year 9 trip to see SIX the Musical at the Mayflower Theatre in Southampton on the Wednesday 17th July 2024.

The students will be travelling by coach, leaving school at 12:20pm and aim to arrive back at school at approximately 17:45pm.

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 can bring a small amount of money if they wish to buy a programme or souvenir.

The total cost of the trip will be £35.00 per student, places are limited. Payment for the trip can be made via WisePay and the deadline for payment will be required by the 20th May 2024. Receipts are generated automatically on WisePay and sent to the email address you supply when making the payment.

Please also return a completed medical form to Student Support by this date.

For more information, please visit <https://www.mayflower.org.uk/whats-on/six-2024/> and if you have any further questions please do not hesitate to contact me via office@highcliffeschool.com

Yours faithfully,

Miss C Fellingham

Year 9 Head of Achievement



STUDENT NAME TUTOR

TO BE RETURNED TO STUDENT SUPPORT BY 20th MAY 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: |