Letters/DayoftheDeadtripOct2023/CSD/ERS



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Headteacher - Patrick Earnshaw Deputy Headteacher - Mathew Downs Assistant Headteacher (Head of Sixth Form) - Lisa Swan

October 2023

**Dear Parents** 

Following on from our success in the Day of the Dead altar competition run by the University of Southampton and the Mexican Embassy in 2022, we have been invited to take part in an exciting project taking place in Bournemouth town centre this half term. Dr Jane Lavery from the Modern Languages and Linguistics Department at the University is organising a Day of the Dead celebration event to take place on the first floor of the Avenue Centre in Bournemouth on Saturday 28th October 2023 (see the attached flyer for more info). She has asked if any of our students can come along on Friday 27<sup>th</sup> October to help curate the altar, supported by our local Mexican community. This will be a great opportunity for our students to learn more about the Day of the Dead celebrations and to practice some Spanish with some native speakers.

We will be meeting outside the Avenue Centre on Commercial Road in Bournemouth (opposite Primark) at 11.00am on Friday 27th October. Collection will be from the same place at 14.00pm and participants will need to bring a packed lunch with them. There is no cost involved in this activity other than a few hours of your time in half term (and possibly your car parking fee!). I will accompany the students and will supervise them at all times. If you are happy for your child to make their own way there and back, please let me know via the medical consent form. If your child would like to take part, please complete the attached medical consent form.

You are more than welcome to come along with your family to the celebration on Saturday 28th October.

Yours faithfully

Mrs Clare Shephard

Assistant Subject Leader, Languages

clareshephard

















# PARENTAL CONSENT FORM (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.

The information you supply is being collected for the purpose of gaining your consent.

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**

**Event: DAY OF THE DEAD TRIP TO THE AVENUE CENTRE, BOURNEMOUTH** 

Additional information: FRIDAY 27TH OCTOBER 2023

#### **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.

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.

Details of planning and risk assessment are available on request.

STUDENT'S DETAILS				
Full name:				
Home address:				
MEDICAL / EMERGEN	ICY 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
4	TO BE RETURNED TO	

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:					

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 permission for my child to make their own way home following the event.	YES / NO		
I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary	YES / NO		
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.			
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 <a href="https://highcliffe.school/l/TravelInsurance">https://highcliffe.school/l/TravelInsurance</a>

Signature: P	Print name:	Date:
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