



March 2024

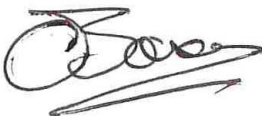
Dear Parent,

On **Friday 8th March 2024**, we have been invited to participate in an inter-school Technology Tournament, in conjunction with Bournemouth and Christchurch Rotary club. We have invited some of our Product Design and Engineering students to participate in this competition and we feel it would be an excellent opportunity for them to expand their understanding of the subject in a competitive environment.

Your child has been selected because of their strengths within the subject and have expressed their willingness to be involved. The tournament will take place at Bournemouth Collegiate School in Southbourne and we will provide minibus transport to and from the school. We will be departing at 8:00am and plan to return to Highcliffe School at 4:15pm. Students are required to wear school uniform and bring a packed lunch. If your child usually uses the school transport, please can you make alternative arrangements to collect your child from school.

If you would like your child to take part, please complete the attached medical consent form and return to me by Wednesday 6th March 2024.

Thank you for your continued support and co-operation.



Mr Bonar
Design and Technology and Engineering Teacher



STUDENT NAME TUTOR

TO BE RETURNED TO MR BONAR BY WEDNESDAY 6TH MARCH 2024

PARENTAL CONSENT FORM (for children and young people under the age of 18)			
Event: Technology Tournament, BCS		Date: Friday 8th March 2024	
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: