



September 2023

Dear Parent/Guardian

**Year 10 History Berlin Trip**  
**Thursday 30<sup>th</sup> November 2023 – Tuesday 5<sup>th</sup> December 2023**

We are delighted that your child has signed up to join the Berlin Trip. We will be running a meeting on **Thursday 19<sup>th</sup> October** in the Hall at 6.15pm to provide you with further information and discuss the proposed itinerary.

If your child does not have an EHIC/GHIC, or you are unsure how to apply, please complete the simple application online ([Applying for healthcare cover abroad \(GHIC and EHIC\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/ehic)).

Please bring the completed medical consent form attached to the meeting on the 19<sup>th</sup> October. Passports and EHIC's should be delivered by students to the Operations Office by Friday 10<sup>th</sup> November. The EHICs/ GHICs and passports will be kept securely at school until we leave for Berlin on 30<sup>th</sup> November.

Please make sure all outstanding balances are paid on WisePay as soon as possible to ensure we can pay the trip provider. Any problems please contact Mr Hallam or Mr Evans.

Yours faithfully,



Mr Hallam  
Education Visit Co-Ordinator



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

TO BE RETURNED TO MR HALLAM ON THURSDAY 19<sup>TH</sup> OCTOBER 2023

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	
<b>Event: YEAR 10 BERLIN TRIP</b>	
<b>Additional information: THURSDAY 30<sup>th</sup> NOVEMBER 2023 – TUESDAY 5<sup>th</sup> DECEMBER 2023</b>	
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	
<b>Full name:</b>	
<b>Home address:</b>	
MEDICAL / EMERGENCY CONTACT INFORMATION	
PRIMARY EMERGENCY CONTACT DETAILS	ALTERNATIVE EMERGENCY CONTACT DETAILS
<b>Surname:</b>	<b>Surname:</b>
<b>Forename:</b>	<b>Forename:</b>
<b>Home address (inc postcode):</b>	<b>Home address (inc postcode):</b>
<b>Home telephone number:</b>	<b>Home telephone number:</b>
<b>Mobile telephone number:</b>	<b>Mobile telephone number:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>GP name:</b>	<b>GP surgery address (inc postcode):</b>
<b>Surgery telephone number:</b>	



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

TO BE RETURNED TO MR HALLAM ON THURSDAY 19<sup>TH</sup> OCTOBER 2023**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:

**TRIP PAYMENT**

All trip payments are to be made using the school's online Wisepay facility

I have paid using Wisepay and my reference number is ..... YES / NO

**CONSENT DECLARATION**I **will / will not** be attending the Berlin Trip meeting on Thursday 19<sup>th</sup> October. (Please delete as applicable) WILL/  
WILL NOT

I have (or have applied for) an EHIC / GHIC card YES / NO

I have supplied my child's passport and EHIC / GHIC YES / NO

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

**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 <https://highcliffe.school/TravelInsurance>

Signature:

Print name:

Date: