

November 2023

Dear Parent/Guardian,

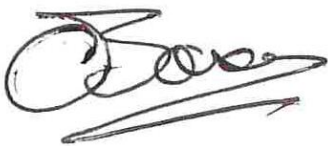
The Year 10 Engineering students have the opportunity to visit Bournemouth University's Product Design and Engineering Department on **Wednesday 13<sup>th</sup> December 2023**.

The purpose of the trip is to apply existing knowledge learned in the classroom to practical use, with the material testing equipment Bournemouth University has to offer, as well as, to have a tour of the Engineering and Product Design workshops, to show what experience after Highcliffe looks like if your child is thinking about a career in Engineering.

Students are expected to register for tutor and then meet outside reception at 8.45am, ready for 9.00am departure via minibus, we will return to school in time for lunch. Students may bring a drink and may want to bring a snack to eat on the minibus if they wish to. Students are also required to be in school uniform.

If you would like your child to attend, please complete the attached consent form and return it to Mr Bonar by Monday 4<sup>th</sup> December.

Kind regards,



Mr Bonar  
Design Technology Teacher



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

TO BE RETURNED TO MR BONAR BY MONDAY 4<sup>TH</sup> DECEMBER 2023

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: