



April 2024

Dear Parent,

On **Monday 22<sup>nd</sup> April 2024** we have been fortunate to secure a limited number of spaces to attend The Vitality Stadium, Bournemouth for Knife Crime Awareness Week.

The day will consist of talks, presentations and workshops surrounding awareness of knife crimes and prevention. There will be performances from Vita Nova Theatre Company, a presentation from the Street Pastors and a talk from relatives of people who have passed away due to knife crime. Students will also attend a question and answer session with players from various AFCB teams who will also share their own experiences of the benefits of having an activity/ focus that is positive in your life.

Whilst some of the content of the day may be quite powerful, we believe that educating students about knife crime awareness and prevention is an important and valuable lesson.

We will be travelling by minibus, leaving school at 8.15am and we hope to be back at Highcliffe School by 3.45pm. Please arrange for your child to be collected from school.

Students will need to bring their own packed lunch and they will need to wear full school uniform.

If you are happy for your child to attend, please complete the attached medical consent form and return to me as soon as possible.

Kind regards,



Miss Fellingham  
Head of Achievement Year 8/9



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

TO BE RETURNED TO MISS FELLINGHAM AS SOON AS POSSIBLE

| PARENTAL CONSENT FORM<br>(for children and young people under the age of 18)   |          |  |          |
|--|----------|--|----------|
| Event: <b>Knife Crime Workshop, Vitality Stadium</b>   |          | Date: <b>Monday 22<sup>nd</sup> April 2024</b>     |          |
| 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:    |