



Our Ref: KG/DLB

Mrs Lauren Rodger MA Hons  
HEAD TEACHER

19<sup>th</sup> November 2015

NORTH BERWICK HIGH SCHOOL  
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Dear Parent/Carer

**Activities for S2 Non-Skiers 25<sup>th</sup> – 29<sup>th</sup> January 2016**

While a number of S2 pupils are on the ski trip, we intend to offer a variety of exciting activities, some educational and some ethos-building, to those remaining in school. Activities are listed below and everything is included in the overall cost. However, please note the days when **lunch** and **additional clothing** must be provided. Pupils do not have to wear school uniform during the week.

DAY	ACTIVITY	REQUIREMENTS
Monday 25 <sup>th</sup> January	In-school activities.	School lunch as normal. PE Kit.
Tuesday 26 <sup>th</sup> January	Edinburgh: Zoo.	Packed lunch and warm clothing.
Wednesday 27 <sup>th</sup> January	Edinburgh: Pizza and Cinema Day in Edinburgh	Nothing required.
Thursday 28 <sup>th</sup> January	Edinburgh: Dynamic Earth.	Packed lunch and warm clothing.
Friday 29 <sup>th</sup> January	In –school activities.	<b>PE KIT.</b>

The cost for each pupil will be **£40.00** for all the above activities. Financial assistance may be available if required. Any questions regarding this should be addressed to Mr Jones at the school.

Please fill in the attached consent form and return with payment to the school office by **Friday 4<sup>th</sup> December**. Cheques should be made payable to **East Lothian Council**.

As in previous years we hope that the pupils will have an enjoyable and memorable week. If you have any queries, please do not hesitate to contact me.

Yours sincerely

Kirsty Gunston

**EAST LoTHIAN COUNCIL  
DEPARTMENT OF EDUCATION AND COMMUNITY SERVICES**

**PARENTAL CONSENT FORM**

<b>Excursion:</b> S2 Activities Week (Monday 25 January 2016 – Friday 29 January 2016)		<b>Reg Class</b> .....
<b>Name of participant</b> .....		<b>Age</b> .....
<b>Home Address</b> .....		
<b>Telephone number(s) Home</b> .....		<b>Work</b> .....
<b>Alternative for use in emergency</b> .....		
In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances which might affect participation.		
Has your child/ward had recent surgery or been in contact with any infectious or contagious disease? .....		
Has your child/ward any known allergy (eg to penicillin)? .....		
If your child/ward is currently undergoing treatment by a Doctor please give details including medication? .....		
Has your child/ward received a tetanus injection within the last 10 years? .....		
Has your child/ward any medical condition which a doctor should know about before carrying out treatment (eg Asthma) .....		
Is there any activity in which your child may not participate? .....		
Is there any additional information we should have? (Travel sickness, bedwetting, diet, diabetes, etc?) .....		
<b>Name of Family Doctor</b> .....		<b>Tel No</b> .....
<b>Address</b> .....		
<b>For water-based activities only</b>		
I certify that my child/ward cannot swim / can swim 50 metres / is confident in cold water wearing a buoyancy aid. (Ring as appropriate)		
<b>Signature</b> .....		<b>Date</b> .....
<b>Insurance Information</b>		
East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee.		
Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.		
<b>Declaration</b>		
I have read the information issued concerning the activity and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.		
<b>Name (Block Capitals)</b> .....		<b>Parent/Guardian</b>
<b>Signature</b> .....		<b>Date</b> .....