



Mrs Lauren Rodger MA Hons
HEAD TEACHER

NORTH BERWICK HIGH SCHOOL
Grange Road
North Berwick
East Lothian
EH39 4QS
Tel 01620 894661
Fax 01620 895495
Email: northberwick.hs@
northberwickhigh.elcschool.org.uk

Edinburgh Film Festival Higher Modern Studies Trip

Date: Friday 25th September

Film start time: 10am

Film: *The Divide*, Inspired by the critically-acclaimed, best-selling book *The Spirit Level*, this film looks at how the rising gap between rich and poor has affected our societies. In *The Divide*, the stories of seven characters battling to cope with the consequences of financial hardship are woven with archive footage charting the growing income gap, to paint a lyrical picture of how economic division creates social division and personal anxiety.

Transport: We will meet at North Berwick Train Station at **8.30am** to get the **8:43am** train into Edinburgh. We will then walk along to the Film House on Lothian Road. This will take about 20 minutes, so wear sensible shoes. You do not need to wear school uniform.

If you will be staying in Edinburgh once the film has ended and not travelling back to North Berwick on the train bring in the tear off slip with your parent or guardian's signature.

Yours Sincerely

Lynne Martin & Gordon Docherty

I give permission for _____ to make their own way back to North Berwick after the trip to the Film Festival.

Signature _____

Date _____

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

PARENTAL CONSENT FORM

Excursion: Edinburgh Film Festival- The Divide, Friday 25 th September		Reg Class
Name of participant		Age
Home Address		
Telephone number(s) Home		Work
Alternative for use in emergency		
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?)		
Name of Family Doctor		Tel No
Address		
For water-based activities only		
I certify that my child/ward cannot swim / can swim 50 metres / is confident in cold water wearing a buoyancy aid. (Ring as appropriate)		
Signature		Date
Insurance Information		
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.		
Declaration		
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.		
Name (Block Capitals)		Parent/Guardian
Signature		Date