



Mrs Lauren Rodger MA Hons  
HEAD TEACHER

20 April 2016

NORTH BERWICK HIGH SCHOOL  
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Dear Parent/Carer

### **S2 Activities Week 16 – 20 May 2016**

During activities week the timetable will be suspended and S1, S2 and S3 pupils will be taking part in a variety of activities. The week is about introducing pupils to new and exciting ideas, activities and sports that they may not have experienced before, as well as giving them a chance to get to know their peers in a team-building environment outside the classroom. S2 are also going to QMU the week before, to spend a day learning about what happens when patients are admitted to hospital (further information to follow). The timetable for S2 pupils is as follows:

<b>Tuesday 10</b>	<b>"Broken Bones" trip to Queen Margaret's University</b>
<b>Monday 16</b>	<b>Coastal Walk from Aberlady to North Berwick</b>
<b>Tuesday 17</b>	<b>Inter-house football and hockey (am) Inter-house softball and basketball (pm)</b>
<b>Wednesday 18</b>	<b>Sports Day</b>
<b>Thursday 19</b>	<b>M&amp;Ds Theme Park</b>
<b>Friday 20</b>	<b>Film activity</b>

Pupils must be in uniform for the Broken Bones trip, but do not need to stick to the usual school dress code throughout the week, but must dress appropriately for the activities. They should bring a drink and snack for breaktime each day, and sun block for outdoor events. For events in school, the timing of the lunch break will be changed to fit in with each day's timetable of activities, and the dining hall will be providing hot lunches as usual. For the **Coastal Walk**, pupils will be transported to Aberlady by bus to begin the walk. They will be in house groups, supervised at all times. They will need to bring: a packed lunch, water, good walking shoes (or trainers), a waterproof jacket, extra socks, and a backpack to carry all this. **Sports Day** will consist of athletics for all, in house teams. Each pupil will participate to win points for his/her house. Appropriate sports clothing should be worn.


To cover the cost of the coastal walk buses, M&Ds, Broken Bones and materials for other activities, **I am requesting that each pupil pays a contribution of £31. We would prefer you to pay this using the council's online payment system (<http://www.eastlothian.gov.uk/pay> and give reference "NBHS S2 Activities").** Otherwise, please return cash or a cheque to East Lothian

**Council along with the consent form to your child's register teacher by Friday 29 April.**

You have already completed a parental consent form for general activities, which covers the local activities, but please inform me if any of the emergency contact details have changed since you completed the form at the beginning of the session.

We trust that all our pupils will be on their best behaviour during these activities; to that effect, would you and your child both sign the Code of Conduct at the bottom of this letter and return it in the envelope with the payment. If you have any queries or concerns, please do not hesitate to contact me. It should be a fun week for all the pupils!

Yours sincerely



Robert Jones  
Depute Head Teacher

Pupil name: ..... Reg class: .....

**Code of Conduct**

North Berwick High School expects all pupils to act responsibly, unselfishly and in a polite manner, to ensure the enjoyment and well being of all. In particular, you are expected to:

- participate fully in all aspects of the activities;
- respect others and be polite at all times;
- follow the instructions of teachers;
- be punctual for all activities;
- act responsibly and maintain the good reputation of the school;
- be personally responsible for your own possessions.

Pupil signature: .....

- I agree to my son/daughter taking part in the coastal walk, and other local activities during Activities Week 2016.
- I agree with the Code of Conduct and understand what my son/daughter has signed.
- I understand that misbehaviour may result in my child being withdrawn from any further activities during the week.
- I will return this form in the sealed envelope (with child's name and register class noted on the front) containing the completed consent form and **£31** as a contribution towards the cost of activities throughout the week.

Parent/carer signature: .....

**Please return this slip to your register teacher by Friday 29 April**

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

**PARENTAL CONSENT FORM**

**Excursion: Various day trips during S2 Activities Week 16-20 May 2016 within school catchment area and beyond and S2 trip to Queen Margaret's University on 10 May 2016 (Details of all activities outlined in attached letter to parents.  
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** .....