



23rd September 2015

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

Higher Psychology Conference at Leith Academy- Wednesday 28th October

Dear Parent/Guardian,

I plan to take all Higher Psychology students to a conference which has been specifically designed for the new Higher course. This conference will be held on Wednesday 28th October at Leith Academy, Edinburgh. There will be just under 200 psychology pupils attending from 5 other Edinburgh schools. Pupils will attend talks and workshops on a number of relevant topics including:

- *Prejudice
- *Psychopathology- mental disorders including OCD
- *Research methods in psychology
- *Teen depression research and ethics
- *Careers in psychology

The cost, which will cover a hire coach and a fee to cover the fees and expenses of providers, will be £9 per head. Pupils should bring a packed lunch.

If you wish for your son/daughter to attend, please return the tear off slip below, along with the £9 payment. Please note that cheques should be made payable to East Lothian Council. Alternatively you can pay in cash.

If you have any queries about this event, please feel free to contact me at the school.

Yours sincerely
Rachel Auchnie
Rachel Auchnie
Teacher of Psychology

.....
I would like my son/daughter..... to attend the Psychology conference on Wednesday 28th October at Leith Academy. I enclose the £9 payment.

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

PARENTAL CONSENT FORM

Excursion: Higher Psychology Conference at Leith Academy on Wednesday 28th September 2015 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