



Mrs Lauren Rodger MA Hons
HEAD TEACHER

NORTH BERWICK HIGH SCHOOL
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Monday 1st June 2015

Dear Parent/Carer,

National 4/5 Geography Fieldtrip

Coastal landscapes are currently being studied as part of the National 4/5 Geography course and this would seem an excellent opportunity to complete some fieldwork using the resources we have in the local area.

We are planning a day's fieldwork visiting Cove and John Muir Country Park. This will be an ideal opportunity to work on skills which students may wish to use for their Additional Value Unit and Assignment, essential parts of their N4/N5 course. This will be a whole day excursion, scheduled within school hours on Thursday 11th June.

As we will have to hire a bus for the whole of the National 4/5 course to attend, there are some cost implications and we need to charge students £7.50 for the hire of the bus. In addition, students will need a packed lunch on the day and must come prepared for fieldwork, with warm and waterproof clothing and appropriate footwear. They are not required to wear school uniform.

If you would like your child to take part in the fieldwork, which will be a useful way of bringing Coastal Geography to life, I would ask you to return the slip below, together with cash or a cheque for £7.50 (made payable to 'East Lothian Council') by Monday 8th June. If you have any concerns about the payment or would like to seek financial assistance, please contact Mr Jones at the school.

Yours sincerely,

Mrs V. Morrison
Geography Department

I would like my child to attend the Coastal Fieldwork trip on Thursday 11th June. I enclose cash or a cheque for £7.50, made payable to East Lothian Council.

Child's name _____ Register class _____

Signature of parent/carers _____ Date _____

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

PARENTAL CONSENT FORM

Excursion: Geography Fieldtrip Thursday 11th June 2015 for National 4/5 course. 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