



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

Dear Parent/Carer,

S2 Enhancements - Murderers and Villains trip into Edinburgh.

Please find attached a permission form to allow your child to attend a whole day trip into Edinburgh, by train, to visit The Edinburgh Dungeons, the Old Town and Pizza Hut Restaurant (North Bridge) on Wednesday the 9<sup>th</sup> of December.

After learning about some of the gruesome characters of Old Edinburgh and beyond we would like to experience a trip back in time to see them in action! We will leave school at approximately 9.10am to catch the train to Edinburgh Waverly. We will take a short walk up the Royal Mile and to Greyfriars Kirkyard to see the old closes and gravestones. We are booked into the Dungeons tour at 11am. It lasts for approximately 80 minutes.

There is a cost involved; £25 will include Dungeon entry, return train fare and lunch at the Pizza Hut. Pupils may bring additional spending money for the gift shop if they wish but this is not compulsory. Could you please send in £25 to cover the payment ASAP (cheques made payable to East Lothian Council).

Please note that school uniform is compulsory on the day. Please make sure that pupils have warm winter clothing with them as we will be outside between venues.

If you have any queries please do not hesitate to get in touch. My email is [Kgrant@northberwickhigh.elcschool.org.uk](mailto:Kgrant@northberwickhigh.elcschool.org.uk)

Yours Sincerely,

Kay Grant

I give permission/do not give permission for \_\_\_\_\_ class \_\_\_\_\_ to attend a trip into Edinburgh on the 9<sup>th</sup> of December 2015

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PARENTAL CONSENT FORM**

<b>Excursion: Edinburgh Dungeons and Pizza Hut.....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>