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HEAD TEACHER

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25th June 2015

Dear Parent/Guardian

**S4/5/6 Fringe Theatre Trip**

The Drama department are organising a theatre trip to see the plays, *Our Ladies of Perpetual Succour* and *Swallow* at the Traverse Theatre, Edinburgh on Thursday 20<sup>th</sup> August 2015. *Our Ladies of Perpetual Succour* is the stage adaptation of best-selling, Scottish author, Alan Warner's novel, *The Sopranos*. It's a musical play about the exploits of six Catholic schoolgirls who go on a choir trip to the capital with hilarious results! **Please be advised that this play contains adult themes and strong language, and is suitable for years 16+.** Therefore, it is at your discretion whether you allow your child to attend. *Swallow* is a tale of three strangers who are about to face their demons head on. Balanced precariously on the tipping point, they might just be able to save one another if they can only overcome their urge to self-destruct ... *Swallow* features original music by rising star, singer/songwriter LAWholt, who has collaborated most recently with Mercury Prize-winning hip-hop trio Young Fathers. The details of the trip are as follows:

- Pupils will leave the school and travel to Edinburgh by train from North Berwick at 8.43am
- *Horizontal Collaboration* starts at 10.30am followed by *Swallow* at 1.30pm, Lunch will be between 12.00-1.30pm.
- Pupils will return by rail to North Berwick for around 4.30pm
- The cost of the tickets will be £16.00 and we would ask that pupils come to the trip with money for the train journey and bring either a packed lunch or money for food.
- Rail prices are as follows: £11.10 (16 and over) and £5.55.

Please return the payment and consent form to Miss Monaghan. The deadline for this will be Thursday 2<sup>nd</sup> July 2015.

Yours faithfully,

G Monaghan  
Teacher of Drama

I would like my child/ward to attend the following performance:

*Our Ladies Of Perpetual Succour and Swallow @Traverse Theatre Fringe*

I enclose cash/cheque for £ \_\_\_\_\_

Pupil's name \_\_\_\_\_ Register Class \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Please return by Thursday 2nd July 2015.

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

**PARENTAL CONSENT FORM**

Excursion: Edinburgh Fringe Festival Drama trip to Traverse Theatre on Thursday 20<sup>th</sup> August 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 .....