



Mrs Lauren Rodger MA Hons
HEAD TEACHER

NORTH BERWICK HIGH SCHOOL
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Our Ref: SC/DLB

October 2015

Dear

Your daughter is coming on the Art and Design Department trip to see the New Zealand Ballet Company's production of Giselle on Thursday 27th October at 7.30pm.

We plan to go to Edinburgh on the train, leaving after school on the 16.27 train and having a meal in town. The return journey will be on the 23.13 train.

The Art Staff will accompany your daughter to and from the ballet, but ask that you please make arrangements to collect your daughter from the station. If you wish to collect your daughter from Drem or Longniddry station, would you please indicate this on the tear off strip.

The £8.50 ballet ticket is already paid for, but the price of a return train fare and money for the meal will also be required.

Please complete the tear off strip below and return it to North Berwick High School by Friday 9th October.

Thank you.

Yours sincerely

Sheila Calder

X.....

I will collect my daughter from Drem/Longniddry/North Berwick train station on Thursday 29th October. (Please calculate when the 23.13 train is due to arrive at the appropriate station.)

My daughter has money with her to cover the cost of transport and food

Please tick

Signature of Parent/Carer:

Date:

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

PARENTAL CONSENT FORM

Excursion: Art and Design Trip to Ballet in Edinburgh on Thursday 29th October 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