



Mrs Lauren Rodger MA Hons
 HEAD TEACHER

NORTH BERWICK HIGH SCHOOL
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Monday 3rd October 2016

Dear Parent/Carer,

Higher Geography Fieldwork

S5/6 pupils will shortly be undertaking an Assignment as part of their Higher course in Geography. In order to prepare them fully for this we intend to carry out some fieldwork at Yellowcraigs Beach.

We are planning a half day of fieldwork on either the morning of the 25th or 27th October, depending on which class a student is in. We will depart after registration and return back to school at lunchtime. Students will be transported by minibus, so there is a cost implication and we will need to charge students £2 for the hire of the minibus. Students must come to school prepared for fieldwork, with warm and waterproof clothing and appropriate footwear; wellington boots are optional. They are not required to wear school uniform but should have equipment for afternoon classes. They should bring water and a snack with them as they will be unable to purchase anything.

If you would like your child to take part in the fieldwork, I would ask you to return the slip below, together with cash or a cheque for £2.00 (made payable to 'East Lothian Council') by Wednesday 12th October at the latest. If you wish to make the payment online, please include 'Higher Sand dunes fieldwork' as the payment reference.

If you have any concerns about the payment or would like to seek financial assistance, please contact Mr Jones at the school.

Yours sincerely,



Mr J Mumford
 Geography Department
 North Berwick High School

I would like my child to attend the fieldtrip on Tuesday 25th or Thursday 27th October.

Payment method (please tick)

Cash Cheque Online

Student's name _____ Register class _____

Signature of parent/carers _____ Date _____

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

PARENTAL CONSENT FORM

Excursion: S5/6 Higher Fieldtrip to Yellowcraigs beach

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**