



Our Ref: AMaCL/DLB

15<sup>th</sup> September 2016

Mrs Lauren Rodger MA Hons  
HEAD TEACHER

NORTH BERWICK HIGH SCHOOL  
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Dear Parent/Carer

We have been given the opportunity to take pupils studying music to a free live orchestral performance of Gabriel Prokofiev's '*Concerto for Turntables and Orchestra*' delivered by the Scottish Chamber Orchestra. The event will take place on Wednesday 28<sup>th</sup> September from 2pm – 3.15pm at The Queens Hall in Edinburgh. The SCO Masterworks event presents a fantastic opportunity for pupils to experience a live orchestra and a turntable artist up close, and build on their own listening, performing and composing skills.

Pupils will travel by bus to Edinburgh leaving NBHS at 1pm and will arrive back to NBHS at approximately 4.15pm. The cost for the trip will be £5. This will cover the transport to and from Edinburgh by coach.

If you would like your child to attend, please complete the attached form together with the £5 to cover transport costs no later than Friday 23rd September.

Yours sincerely

Miss A MacLeod  
Music Teacher

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

**PARENTAL CONSENT FORM**

Excursion: <u>Scottish Chamber Orchestra Schools Concert</u> Reg Class .....	
<u>wed 28th Sept 2016</u>	
Name of participant .....	Age .....
Home Address .....	
Telephone number(s) Home .....	Work .....
<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?) .....	
Name of Family Doctor .....	Tel No .....
Address .....	
<b>For water-based activities only</b>	
I certify that my child/ward <del>cannot swim / can swim 50 metres / is confident in cold water</del> wearing a buoyancy aid. (Ring as appropriate)	
Signature .....	Date .....
<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.	
Name (Block Capitals) .....	Parent/Guardian
Signature .....	Date .....