



Mrs Lauren Rodger MA Hons  
HEAD TEACHER

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Our Ref: SC/DLB

19<sup>th</sup> January 2016

Dear Parent/Carer

**Trip to *The Crucible* at the Royal Lyceum Theatre, Edinburgh**

It is proposed to take class 5A to a matinee performance of *The Crucible* by Arthur Miller at the Royal Lyceum Theatre, Edinburgh on Wednesday 24<sup>th</sup> February, as we have recently studied the play.

We will travel by train to Edinburgh, leaving North Berwick at 10.26am and returning at 5.14pm. Pupils should ensure they make arrangements to get home safely from the station. We will walk from Waverley Station to the theatre, with a lunch stop en route.

The cost, inclusive of ticket and transport, will be £15.50. Students should pay £11 in advance and will need to bring their Smartcard and £4.50 for the train fare on the day. Students may wish to bring a small amount of spending money to enable them to purchase a light lunch in Edinburgh, or bring a packed lunch.

Pupils must wear school uniform and a high standard of behaviour will be expected at all times.

Please complete the consent form and the confirmation slip and return, along with payment, to Mrs Conway by Wednesday 10<sup>th</sup> February.

Yours faithfully



Susan Conway  
(Teacher of English)

✂.....

I give my permission for \_\_\_\_\_ to attend the performance of *The Crucible* on 24<sup>th</sup> February. I enclose payment of £11. I am aware that my son/daughter needs to bring a Smartcard and the train fare (£4.50) on the day.

Parent's/Carer's signature \_\_\_\_\_

(Please make cheques payable to East Lothian Council)

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

**PARENTAL CONSENT FORM**

Excursion: S5 trip to Crucible at the Royal Lyceum Theatre on Wednesday 24<sup>th</sup> February 2016.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 .....