



Preston Lodge High School

19.9.17

Dear Parent/Guardian

The Scottish Apprenticeship Show Edinburgh International Conference Centre Monday 2nd October 2017 8.45 – 1.00

All students considering an apprenticeship and/or intending or likely to leave this summer should attend this event.

This visit above is for in fourth fifth and sixth year who intend/or might be leaving in May. We are very fortunate that there is no cost as the SDS are providing free busing for up to 52 students from our school.

The Scottish Apprenticeship Show is a chance to talk with representatives from employers who offer apprenticeships, apprenticeship agencies, current and past apprentices themselves and to get further advice on modern apprenticeships from Skills Scotland and other supporting organisations. There will also be opportunities for students to register their interest with particular employers in being considered for apprenticeships which may be coming up during the coming school year.

There are only 52 places available.

Electronic consent forms have been emailed out to participants' parents, if this has not come through or there is no parental email, paper consent forms can be collected from and must be handed back to Mrs Wilson in the guidance office by 9.00am on Thursday 28th September at the latest.

If you require any further information please do not hesitate to contact me.

Yours sincerely

Ruth Patterson (Miss)
PT Guidance

Headteacher: Gavin Clark Depute Headteachers: Yvonne Binks (Grange), Julia Robertson (Seton), Calum Stewart (Gosford)
Park View, Prestonpans, EH32 9QJ Tel: 01875 811170 Fax: 01875 810060
Email: admin@prestonlodge.elcschool.org.uk Website: www.prestonlodge.net



EAST LoTHIAN COUNCIL DEPARTMENT OF EDUCATION AND CHILDREN'S SERVICES
PARENTAL CONSENT FORM (PC1): Preston Lodge High School

Activity : <input type="checkbox"/> Scottish Apprenticeship Show at EICC	Date: Monday 2 nd October 2017
Name of participant: Contact Details for Parent/Guardian: Home Address: Alternative Telephone Number for use in emergency: If you won't be at this address for the duration of the trip please ensure we have alternate contact details	Date of Birth: Registration class: Tel Home: Tel Work: Tel Mobile:

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 that 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 that might affect participation.

Does your child/ward have any medical issues we should be aware of, e.g., asthma/diabetes/allergy to penicillin etc. Do they require any regular medication? If your child/ward is currently undergoing treatment by a Doctor please give details

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?

Has your child/ward received a tetanus injection within the last ten years? Y / N

Is there any additional information we should have to help us care for your child? (Travel sickness, bedwetting, diet, etc.?)

Name of Family Doctor:
Address: Tel No:

Is there any activity in which your child may NOT participate?
~~For water-based activities only: I certify that my child/ward cannot swim / can swim 50 metres / is/isn't confident in cold water wearing a buoyancy aid. (Ring as appropriate)~~

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 Course 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.

Student Name (Block Capitals): Parent/Guardian name:

Signature: Date:

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