



# Milne's High School

Education & Social Care

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10 September 2018

Dear Parent,

## Macbeth Theatre Trip

Your child's class is currently studying Macbeth and we are planning to go to Aberdeen to see the National Theatre production on Thursday 8 November 2018.

Tickets for the class have been provisionally booked and the coach is also booked to take us from Milne's High School to the National Theatre Production in Aberdeen and back. A pupil contribution of £25 will go towards the cost of the tickets and coach.

Final plans have yet to be finalised and these will be communicated out nearer to the time. Pupils will be required to take a packed lunch and drink with them and should wear school uniform for the trip.

I would be grateful if you could return the attached out of school form along with payment by Friday 26 October 2018. Payment can also be made online via iPayImpact through the Moray Council school payments system.

There should be no financial barrier to your child's attendance. Please contact your child's Guidance teacher to discuss the financial support available and trust that any query made in this way will be treated in absolute confidence.

If you have any queries, please do not hesitate to contact me at the school.

Yours sincerely

G Humphrey  
English Teacher

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### Macbeth Theatre Trip - Thursday 8 November 2018

I wish my child \_\_\_\_\_ Tutor Group \_\_\_\_\_

to attend the Macbeth theatre trip in Aberdeen on 8 November 2018 and enclose £25.00

Signature of Parent \_\_\_\_\_



## Moray Council Milne's High School

### Out-of-School Activities - Parent Information/Consent Form

<b>Personal Details</b>					
Name of Pupil			Date of Birth		
Home Address					
<b>Telephone Number(s) where Parent may be contacted:</b>					
Home		Mobile		Work	
<b>Emergency Contact</b>					
Name			Phone Number		
Address					
<b>Excursion Details</b>					
Excursion		National Theatre, Aberdeen			
Dates		From Thursday 8 November 2018 Time TBC		To Thursday 8 November 2018 Time TBC	
Party Leader		Mrs G Humphrey			

I confirm that I have provided up-to-date details about my child/ward and understand that I must update this information should there be any last minute changes that may affect the excursion.	<b>Initial here</b>
I confirm that I have received the activity information details accompanying this form. I understand the nature of the activity(s) to be undertaken by my child/ward and consider him/her fit to take part.	<b>Initial here</b>
I confirm that I have provided active contact details and understand that I should be available if required to collect my child/ward from the excursion venue.	<b>Initial here</b>
<p><b>I understand "Moray Council provides third party public liability insurance for all our excursions. Parents who require personal injury or accident cover for their child/children should organise this privately."</b></p> <p>I confirm that I have read and understood the statement about insurance.</p>	<b>Initial here</b>
<p><b>I understand "The planned excursion will take place according to Moray Council's Excursion Policy and a copy of the policy is available for inspection at your child's school. The excursion has been risk assessed and every effort will be made to minimise risk. Nonetheless a totally risk free environment is unrealistic and in signing the parental consent form I am asked to acknowledge that a degree of residual risk remains. It is not anticipated that risks will exceed those incurred in normal day to day living."</b></p>	<b>Initial here</b>
<p><b><i>For water-based activities only:</i></b></p> <p>I certify that my child/ward <b>*is/is not</b> water confident and that he/she <b>*can/cannot</b> swim up to 50 metres.</p> <ul style="list-style-type: none"> <li>• Delete as appropriate</li> </ul>	<b>Initial here</b>

**Medical Details**

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 treatment of your son/daughter. All information will be treated in strict confidence and will not necessarily prejudice the inclusion of your son/daughter in the activity. It is in the interests of your son/daughter that full and accurate information be given.

Recent surgery for

Date

Any known allergy to medicine (eg penicillin)

Is your son/daughter undergoing treatment by a doctor? If so, please give details:

Any medical condition which a doctor should be aware of before carrying out treatment eg asthma

Please state any restrictions you wish to place on emergency medical treatment

Please give details of any special diets eg vegetarian/diabetic/no specific 'E' numbers etc

Any additional information eg sleep walking etc

Name of Family Doctor

Address

Telephone Number

I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anaesthetic. I understand that in terms of the Act of Legal Capacity (Scotland) Act 1991 my child/ward may also consent to his/her own medical treatment if the doctor attending is, of the opinion that he/she understands the nature and consequences of such treatment.

Signature

Date

**Declaration**

I hereby give consent for my child/ward to take part in the above activity and confirm that my initials placed in the boxes above indicate that I fully understand the various implications of my consent. I also understand that it is my responsibility to inform the party leader of any significant changes to the information I have provided about my child/ward between now and the excursion taking place.

Name (BLOCK CAPITALS)

Parent

Signature

Date