



Milne's High School

Education & Social Care

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17 September 2018

Dear Parent

Safe Drive/Stay Alive Beach Ballroom, Aberdeen – Wednesday 21 November 2018

All S5 pupils in Moray Secondary Schools will be attending the above event. The Safe Drive/Stay Alive initiative is being run by Aberdeenshire Community Safety Partnership in conjunction with Aberdeen City Council and The Moray Council. The Aberdeenshire Community Safety Partnership is made up of Aberdeenshire Council, Police Scotland, Scottish Fire and Rescue Services, NHS Grampian, The Scottish Ambulance Service and the voluntary sector.

The Safe Drive/Stay Alive presentation is a unique and hard hitting event aimed at making sure that young people are left in no doubt as to their vulnerability as they start to drive and be driven by their friends, the effects that a collision can have on them as individuals and on other people and in particular, their families. This is the eleventh year that this event has taken place in the North East of Scotland and the feedback from last year's event was very positive.

Pupils will be out of school on Wednesday 21 November and return to school for their period 7 class. A Guidance Staff member and some other staff will accompany the pupils. Pupils will be required to wear school uniform and bring a packed lunch. Transport costs are being covered by Moray Council.

Please complete the attached parental consent form and return via your son/daughter to the school office no later than **Friday 26 October**. Please contact me if you wish to discuss the event further.

Yours sincerely

Mr C McGuire
Principal Teacher of Guidance



**Moray Council
Milne's High School**

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

Personal Details					
Name of Pupil		Date of Birth			
Home Address					
Telephone Number(s) where Parent may be contacted:					
Home		Mobile		Work	
Emergency Contact					
Name			Phone Number		
Address					
Excursion Details					
Excursion	Safe Drive Stay Alive Event, Beach Ballroom, Aberdeen				
Dates	From	Wednesday 21 November 2018	To	Wednesday 21 November 2018	
Party Leader	Mr McGuire				

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.	Initial here
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.	Initial here
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.	Initial here
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." I confirm that I have read and understood the statement about insurance.	Initial here
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."	Initial here
For water-based activities only: I certify that my child/ward *is/is not water confident and that he/she *can/cannot swim up to 50 metres. <ul style="list-style-type: none"> • Delete as appropriate 	Initial here

Medical Details			
<p>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.</p>			
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			
<p>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.</p>			
Signature		Date	
<p>Declaration</p> <p>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.</p>			
Name (BLOCK CAPITALS)	Parent		
Signature		Date	