

24th October 2018
(IW/SS)



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S1 History Fieldwork – The Scottish Crannog Centre, Loch Tay
19th and 20th Nov. 2018

Dear Parent/Carer

The History Department is planning an educational visit to the Scottish Crannog Centre on Loch Tay to complement current work on Iron Age settlement in Scotland. As well as learning about the construction of the Crannog during the Iron Age and its eventual collapse pupils will have the opportunity to part take in a range of activities.

We hope to take all members of S1 on the visit which will consequently be spread over two days. 1.1 and half of 1.3 will take part on the visit on Monday, 19th November and 1.2 and the other half of 1.3 will take part on Tuesday 20th November 2018. Pupils in 1.3 will be told which day once the total number of participants has been ascertained. This is so that we can use mini buses to keep the cost down. Pupils will be on site for about 5 hours so should dress in warm, water proof clothes and foot wear. A packed lunch and drink will also be necessary. Drinks and snack bars can be purchased at the Crannog, but choices are limited. As far as possible, most of the activities will be inside the museum area or in the Crannog. However, it is likely that some of the time will be spent outside, so pupils should dress for the cold.

We will leave school at 9.00 a.m. and will return in time for the buses at 3.40 p.m. The cost of the visit will be £11.00 which includes transport by mini bus and the activities which go above a normal visit by the public. Parents can apply for financial assistance from the school if necessary, but these funds are limited. All money should be paid by Parent Pay by Wednesday 14th November at the very latest. If there are problems, please contact the school office regarding your payment.

Parents will also need to fill in and return the attached consent form as soon as possible so that planning can go ahead.

Yours faithfully

A handwritten signature in black ink, appearing to read 'I H Wilde'.

I H Wilde [Miss]
Principal Teacher of History





PARENTAL CONSENT FOR AN EXCURSION

(to be distributed to parents with the 'Programme of Activities' and form 'Planning an Excursion')

Establishment/group:

I would like (participant's name and date of birth) to take part in the excursion and having read the information provided agree to him/her taking part in the activities described.

I acknowledge the need for (participant's name) to behave responsibly.

1. Excursion to

Date: from: to:

2. Medical Information about your child

- a. Any conditions requiring medical treatment YES/NO
- b. Is your child under prescribed medication YES/NO

If YES, please give details including whether medication is self-administered or needs adult supervision:

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.....
.....

c. Please outline any special dietary requirements of your child:

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.....

d. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from any illness in the last four weeks? YES/NO

If YES, please give details:.....

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.....

e. Is your child allergic to any medication, food or animals? YES/NO

If YES, please give details:.....

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.....

f. When did your child last have a tetanus injection? N/A

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Parents are asked to inform the Person in Charge of the excursion as soon as possible of any changes in the medical or other circumstances and before the commencement of the journey.

3. Swimming Ability

- ❖ Is your child able to swim 50 metres? YES/NO
- ❖ Is your child confident in the water? YES/NO
- ❖ Is your child confident in the sea or in open inland water? YES/NO
- If your child safety conscious in water? YES/NO

Declaration

I agree to my child receiving medication as advised under 'medical information' and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I confirm that my child is in good health and I consider him/her fit to participate.

Parent's signature Date:

Full Name (capitals).....

Parents' Contact telephone numbers:

Work: Home:

Home Address:

..... Postcode

Alternative emergency contact: - Relationship to Child:.....

Name: tel:

Home Address:

..... Postcode

Name of Family Doctor: tel:

Address:

..... Postcode

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE ON THE EXCURSION.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT.**