

25th September 2024

Dear Parent/Carer

Swim Gala at West Calder High School

Your child has been selected to take part in a swimming gala at West Calder High School on **Tuesday 1st October 2024 from 10am – 12:15pm.**

Participating pupils will be walked along to WCHS by a member of school staff shortly after morning registration. Pupils will be able to enter the races of their own choice.

Pupils should bring with them the undernoted items. All pupils will return to Parkhead Primary by lunchtime.

- Swimsuit
- Towel
- Goggles
- Cap (if preferred)
- Snack and Water

Please complete and return the attached EE2. Without the completed EE2 your child will not be able to attend and will have to remain in school.

Yours faithfully

Colin Ferguson

Mr Ferguson

PE Teacher



Information on excursion for Parent/Carer – Please cut off and retain

Destination: West Calder High School

Date and Time: 1st Oct 2024 10am – 12:15pm

Info: Swim Gala At WCHS

Member of staff responsible:
Mr Ferguson

Classes:
Various

Cost: £0 (please pay through IPAY if possible)

Complete and return this section to school:

Class: _____ Cost: £0 _____ Excursion: Swim Gala at WCHS _____

Name: _____ Date of birth: _____

Address: _____

☎ School hours _____ ☎ Other times _____

Emergency contact: _____ ☎ _____

I agree to my child taking part in the above excursion:

Signature: _____ Date: _____

Does your child suffer from any allergies?	
Is your child taking medication at present?	
Does your child suffer from any condition that may affect participation?	
Has your child been in contact with any contagious or infectious disease or suffered from anything in the past four weeks that may become infectious or contagious?	
When did your child last have a tetanus injection?	
Does your child have any special dietary requirements?	
Is there any activity in which your child must not participate?	
If you answered yes to any of the questions above please give details here:	

Name, telephone number and address of Family Doctor _____

Parental/carers agreement to receiving emergency medical treatment: Please read the two statements below, **tick one option** and cross out the other.

<input type="checkbox"/> I agree to my child receiving emergency medical treatment, including blood transfusion, and anaesthetic as considered necessary by the medical authorities present.	<input type="checkbox"/> I agree to my child receiving medical treatment/anaesthetic as considered necessary by the medical authorities present with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision and release West Lothian Council and its staff from any liability for any consequences resulting from my decision not to consent to the transfusion of blood and blood products
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