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Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve

27th April 2016

Dear Parents/Carers,

Class Trip to Castle Rising – Tuesday 3rd May 2016

Ranworth class will be visiting Castle Rising on Tuesday 3rd May. The class will travel by coach leaving school at 9:30am. The visit will be outside so appropriate outdoor clothing will be required. Even if it is warm in the morning, please still send a coat. Children will need a snack, water and a packed lunch. Unfortunately school packed lunches will not be available to order due to the Bank Holiday.

Children can bring £1 maximum spending money for the gift shop. We would request a donation of £2 to help towards the cost of the coach. Please complete and return the attached consent form together with your donation by Friday 29th April.

Yours sincerely,

Mrs Sharon Nour
Head Teacher

Parental Consent Form - Category A Visits

I give my consent for my child to attend Castle Rising, on Tuesday 3rd May 2016

Signed Parent/carers Date

To be completed by the Visit Leader:

Please return to : _Sharon Nour _ (Visit Leader) Tel No: __01328 701357

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: __Ranworth Class _____ Place of visit: _ Castle Rising_

Date of Visit: Tuesday 3rd May 2016

Method of travel: Coach (seat belts fitted as standard Yes/~~No~~)

To be completed by the Parent/Guardian

I am willing for my child _____ Class _____

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

I give/do not give* permission for photographs of my child to be taken by leaders or the Press.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant:: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.