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 Head Teacher: Mrs Sharon Nour

13<sup>th</sup> March 2015

Dear Parents/Carers,

**Dalham Hall Stud, Newmarket Trip**

Hickling have been invited to visit Dalham Hall Stud in Newmarket on Monday 23<sup>rd</sup> March. We will use the visit as inspiration for writing back in the classroom. The children will need to come in school uniform wearing comfortable and sensible footwear. They will also need a waterproof coat and a drink. Lunch will be provided so please let us know of any dietary requirements e.g. vegetarian/vegan/intolerances etc. Also, as we will be in close proximity to horses, please let us know whether your child has any allergies.

We will be travelling by coach which leave school at 9:15am and return at **3.30pm**. Friends of Dunham will be contributing £100 towards the cost of the trip. To cover the remaining costs we are asking for a voluntary contribution of £4 per child. Please return the permission slip and donation by Thursday 19<sup>th</sup> March to Mrs Jarrett in the office.

Yours sincerely,

Sharon Nour  
 Head Teacher

**Dalham Hall Stud Trip 23<sup>rd</sup> March 2015**

Child(ren)'s name(s) \_\_\_\_\_

I give/do not give\* permission for my child(ren) to attend Dalham Hall Stud on the 23<sup>rd</sup> March 2015. I realise that my child(ren) will be transported to and from the event in a coach.

\*delete as appropriate.

Dietary requirements .....

Allergies .....

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Parental Consent Form - Category A Visits**

I give my consent for my child ..... to attend Dalham Hall Stud, Newmarket on Monday 23<sup>rd</sup> March 2015.

Signed ..... Parent/carer Date .....

**To be completed by the Visit Leader:**

Please return to : \_Ellen Watson \_ (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: \_\_Hickling Class \_\_\_\_\_ Place of visit: \_Dalham Hall Stud, Newmarket \_\_\_\_

Date of Visit: Monday 23<sup>rd</sup> March 2015

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.