



Litcham Road, Great Dunham, Kings Lynn, PE32 2LQ

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Headteacher: Mrs Sharon Nour

*Inspired to learn, motivated to achieve*

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3<sup>rd</sup> February 2016

Dear Parents/Carers,

Litcham Primary School have invited Great Dunham to take part in an after school football match on Monday 8<sup>th</sup> February. Places are limited to 8 and will be on a first come first served basis. The children will travel by minibus to Litcham at 3:15pm. You are welcome to come and support the team and take your child from Litcham around 4:30pm. Please let the office know if you would like your child brought back to Great Dunham. They should arrive back around 4:45pm.

A Great Dunham Football kit will be handed out on the day but please ensure your child brings their shin pads and football boots. They may also need a snack and drink for after school.

Finally, please can you sign and return the attached consent form by Friday 5<sup>th</sup> February.

Yours sincerely,

Mrs Sharon Nour  
Headteacher

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**Parental Consent Form - Category A Visits**

**I give my consent for my child ..... to attend Litcham School Primary Phase on Monday 8<sup>th</sup> February 2016.**

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

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

Please return to :   Mr Whitty   (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:   Filby Class      Place of visit:   Litcham School Primary Phase  

Date of Visit: Monday 8<sup>th</sup> February 2016

Method of travel: Minibus (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.

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