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Head Teacher: Mrs Sharon Nour

13th April 2015

Dear Parents/Carers,

Theatre Royal Trip – Thursday 23rd April 2015

As part of our topic about Ancient Greece, I have arranged a trip to Norwich Theatre Royal to see Horrible Histories 'Groovy Greeks' on Thursday 23rd April 2015. The coach will depart from school at 9:00am. Children will need to take a packed lunch and adequate drinking water. If you would like to order a school packed lunch, please order with Mrs Jarrett by Tuesday 21st April. School uniform and comfortable footwear must be worn and take a waterproof coat.

To cover the cost of the tickets and travel, we are asking for a voluntary contribution of £8 per child. Please return the permission slip and donation by Friday 17th April to Mrs Jarrett in the office.

Yours sincerely,

Ellen Watson
Class Teacher

Theatre Royal Trip – Thursday 23rd April 2015

Child(ren)'s name(s) _____

I give/do not give* permission for my child(ren) to attend the Theatre Royal on the 23rd April 2015. I realise that my child(ren) will be transported to and from the event in a coach.

*delete as appropriate.

Signed _____ Date _____

Parental Consent Form - Category A Visits

I give my consent for my child to attend the Theatre Royal, Norwich on Thursday 23rd April 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: _Theatre Royal, Norwich ____

Date of Visit: Thursday 23rd April 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.