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Head Teacher: Mrs Nour.

*Respect for self, for others and for learning.*

13<sup>th</sup> April 2015

Dear Parents/Carers,

**Stick Man Norwich Playhouse Trip Tuesday 21<sup>st</sup> April**

Oulton Class are planning a trip to see Stick Man at Norwich Playhouse on Tuesday 21<sup>st</sup> April.

The school and Friends of Dunham School have both contributed £100 towards the cost of this trip. To help cover the remaining cost, we are asking for a voluntary contribution of £5.50 per child. This will need to be paid by Monday 20<sup>th</sup> April to Mrs Jarrett in the office.

The coach will need to leave school at 12:15 and the children will eat their lunch before they leave. This means no hot lunches will be available on Tuesday but if you would like a school packed lunch, please order with Mrs Jarrett by Friday 17<sup>th</sup> April at the latest.

If you can help supervise this trip please me know asap.

Please complete the slip below and return to the office.

Thank you.

Emily Newell  
Class Teacher

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**Stick Man Norwich Playhouse Tuesday 21<sup>st</sup> April**

Child(ren)'s Name(s) \_\_\_\_\_ Year Group \_\_\_\_\_

I would like my child(ren) to attend the Norwich Playhouse on Tuesday 21<sup>st</sup> April.

I am willing to join the trip as an adult helper \_\_\_\_\_ (your name here please)

Signed \_\_\_\_\_ (parent/carer) Date \_\_\_\_\_

**Parental Consent Form - Category A Visits**

I give my consent for my child ..... to attend the Norwich Playhouse on Tuesday 21<sup>st</sup> 23<sup>rd</sup> April 2015.

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

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

Please return to : \_Emily Newell \_ (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: \_\_Oulton Class \_\_\_\_\_ Place of visit: \_Norwich Playhouse \_\_\_\_

Date of Visit: Tuesday 21<sup>st</sup> 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.