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 Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve

18th January 2019

Dear Parents/Carers,

CASMA (Central Area School's Music Association) Rehearsal and Performance

Year 3 and 4 have been chosen to perform at CASMA this year. It is a county wide musical performance event where children will sing with a full orchestra. The theme this year is 100 years of the Forestry Commission and the children will learn specially written songs on a theme about a young girl in the woods. There will be an introductory rehearsal at Fakenham Junior School on 4th February. We will be travelling by minibus leaving at 9:00am and returning at lunchtime.

Following this rehearsal, we will spend the next half term practising, ready for a performance at 'The Citadel' in Norwich on 1st May at 7:00pm. Tickets for parents will be available nearer the time ~ directly from CASMA, details will follow. Children will be at the Citadel from 2:00pm until around 8:30pm so will need to take a packed tea. Please complete the permission slip below and the attached safeguarding forms, as soon as possible.

Yours sincerely,

Ms Owen-Smith
 Teacher

Year 3 and 4 CASMA (Central Area School's Music Association) Rehearsal and Performance

I give permission for to attend the rehearsal on 4th February.

Signed:..... Dated:

Parental Consent Form - Category A Visits

I give my consent for my child to attend CASMA Rehearsal at Fakenham Junior School on Monday 4th February 2019

Signed Parent/carer Date

To be completed by the Visit Leader:

Please return to : _Ms Owen-Smith_ (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: _Year 3 and 4_ Place of visit: _ Fakenham Junior School _

Date of Visit: Monday 4th February 2019

Method of travel: 2 x 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.