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Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve

7th January 2019

Dear Parents

The Stories of Lynn Visit – Tuesday 22nd January

As part of this term's topic, I have arranged a visit to The Stories of Lynn Museum in Kings Lynn on Tuesday 22nd January.

We will travel by coach leaving and returning within the normal school day. Children will need to wear school uniform bringing with them a snack, packed lunch and water bottle. If you would like to order a school packed lunch, please order with Mrs Jarrett by 9:00am on Monday 21st January.

We would request a donation of £10 per child to help cover the cost of the trip. Please note that the trip may be cancelled if insufficient donations are received.

Enhancing education

If parents of pupil premium children require help towards the costs of these activities, please talk to the head teacher **before** the event takes place for a £3 reduction on the cost of the visit.

A consent form is attached which requires completing and returning to the office along with the donation by Friday 18th January.

Yours sincerely,

Mr Fiddy
Teacher

Parental Consent Form - Category A Visits

I give my consent for my child to attend Stories of Lynn, Kings Lynn on Tuesday 22nd January 2018.

Signed Parent/carer Date

To be completed by the Visit Leader:

Please return to : _Joshua Fiddy _ (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: __Ranworth Class _____ Place of visit: _Stories of Lynn, Kings Lynn ____

Date of Visit: Tuesday 22nd January 2018

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.