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Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve.

26<sup>th</sup> February 2019

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Dear Parent

Your child has been selected to take part in a KS1 rugby festival at Crusaders RUFC, Hethersett on Tuesday 5<sup>th</sup> March. **Children must arrive at school at 8:40am.**

On the day, the children will receive some coaching and play friendly games.

Children will need to come to school dressed in PE kit – shorts, t-shirt, tracksuit bottoms and top and a waterproof jacket (in case of adverse weather conditions).

Children will also need to wear shin pads and socks which cover them.

Children will need a packed lunch and adequate drinking water. If you would like a school packed lunch, please order from Mrs Jarrett by Monday 4<sup>th</sup> March.

We will travel by coach, leaving school promptly at **8:50am** and returning around 1:30pm.

Please complete and return the attached consent form by Friday 1<sup>st</sup> March.

Yours sincerely

Laura Titmarsh  
Class Teacher

**Parental Consent Form - Category A Visits**

I give my consent for my child ..... to attend KS1 Rugby Festival, Crusaders RUFC on Tuesday 5<sup>th</sup> March.

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

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

Please return to : \_Tanya Green \_ (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: \_\_Selected KS1 Pupils \_\_\_\_ Place of visit: \_Crusaders RUFC, Hethersett \_

Date of Visit: Tuesday 5<sup>th</sup> March 2019

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.