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Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve

11th March 2019

Dear Parents,

To support Y5/6's learning in science this term we will be visiting Norwich School to take part in their Sensational Science workshop on Wednesday March 27th. This is a free trip and transport is provided by Norwich School. We will leave school at approximately 9:30 and return during lunchtime. A packed lunch will be required, which we will eat when we return. If you wish your child to have a school packed lunch please see Mrs Jarrett. Please complete the slip below giving consent for your child to attend the workshop.

Yours sincerely,

Ms Owen-Smith

I give permission for _____ to attend the Sensational Science workshop at Norwich School on Wednesday 27th March.

Signed _____

Parental Consent Form - Category A Visits

I give my consent for my child to attend Norwich School on Wednesday 27th March 2019.

Signed Parent/carer Date

To be completed by the Visit Leader:

Please return to : _Charlotte 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: __Hickling Class ____ Place of visit: _Norwich School_

Date of Visit: Wednesday 27th 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.