



Litcham Road, Great Dunham, Kings Lynn, PE32 2LQ
Tel: 01328 701357 Fax: 01328 701082
Email: office@greatdunham.norfolk.sch.uk
Web: www.greatdunham.norfolk.sch.uk
Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve

24th April 2019

Dear Parents,

To support Oulton's topic on 'journeys' this term we will be visiting the Mid Norfolk Railway and experience a train ride from Dereham to Wymondham and back again. During the visit the children will all have the opportunity to visit the driver to learn how to control the train.

The trip will take place on Wednesday 8th May. We will leave school at approximately 9:15 and will return for the end of lunchtime. All children will need a packed lunch on this day, if you wish to order one please let Mrs Jarrett know in advance. The children will need to wear school uniform, including school shoes.

The cost of this trip is £7.50 to cover the costs of the train journey and coach to and from Dereham. Please complete the attached consent form and return it to school by Friday 3rd May.

Yours sincerely,

Miss Titmarsh

I give permission for _____ to attend the Mid Norfolk Railway in Dereham on Wednesday 8th May 2019.

Signed _____

Parental Consent Form - Category A Visits

I give my consent for my child to attend Mid Norfolk Railway on Wednesday 8th May 2019.

Signed Parent/carer Date

To be completed by the Visit Leader:

Please return to : _Laura Titmarsh_ (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: _Mid Norfolk Railway_

Date of Visit: Wednesday 8th May 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.