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Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve.

22<sup>nd</sup> May 2019

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Dear Parent / Carer,

#### Year 4 Kwik Cricket

Tuesday 4<sup>th</sup> June, your child has been selected to take part in a Kwik Cricket competition at the Great Witchingham Cricket Club. The bus will be leaving at 9am and will not be able to wait for late arrivals as it will be collecting other schools en route; this means your child will need to be in school by 8:50am, dressed in their PE kit. The children will be returning to school at approximately 5pm and will therefore need collecting from school later than normal.

Your child will need to bring:

- Plenty of water
- Packed Lunch
- Weather appropriate clothing

If you would like a school packed lunch ordered, please let Mrs Jarrett know by Friday 24<sup>th</sup> May.

Please return the attached consent form by Friday 24<sup>th</sup> May.

Yours sincerely

Joshua Fiddy  
Class teacher

**Parental Consent Form - Category A Visits**

**I give my consent for my child ..... to attend Kwik Cricket, Great Witchingham Cricket Club on Tuesday 4<sup>th</sup> June 2019**

**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: \_\_ Year 4 \_\_    Place of visit: \_\_ Great Witchingham Cricket Club \_\_

Date of Visit: Tuesday 4<sup>th</sup> June 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.