



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

Inspired to learn, motivated to achieve.

13<sup>th</sup> September 2019

Dear Parent / Carer

To support the children's learning about Fantastic Mr Fox and different animal habitats we will be visiting Mayfields Farm in Foulsham. The children will take part in a range of activities including; pond dipping, farmyard trail, mini-beast hunt and a woodland walk to meet the red squirrels.

The trip will take place on Friday 4<sup>th</sup> October. We will leave school at approximately 9:30 and will return for the end of the school day.

The children will need to come into school in clothes they do not mind getting dirty, but wearing their school jumper.

- Wellies
- Waterproof jacket
- Packed lunch (please let Mrs Jarrett known in advance if you would like to order a school packed lunch)
- Plenty of water

The cost of this trip is £6 to cover the costs of the coach to and from the farm. Please complete the attached consent form and return it to school by Wednesday 2<sup>nd</sup> October.

Yours sincerely,

Miss Titmarsh

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I give permission for \_\_\_\_\_ to attend the Mayfields Farm on Friday 4<sup>th</sup> October 2019.

Signed \_\_\_\_\_

**Parental Consent Form - Category A Visits**

I give my consent for my child ..... to Mayfields Farm on Friday 4<sup>th</sup> October 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: \_Mayfields Farm\_

Date of Visit: Friday 4<sup>th</sup> October

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.