

Parental Consent Form – Level 2 Visits
CONFIDENTIAL

Information from the Trip Leader: Miss Thorne

Group: **YR 5 & 6** Place of visit: **Corn Exchange** Method of travel: **Coach** Date of Visit: **22nd March 2022**

This year West Norfolk Schools Sports Partnership are organising a dance festival. It gives children of primary age a chance to perform to a large audience on stage. The children will be practising over the next half term during their PE lesson with a dance teacher. The concert itself starts at 1pm with children needing to be at the Corn Exchange for approx. 12.30pm. The children will leave school at 12pm. A **packed lunch** will be needed. If your child would like a school packed lunch, please indicate by ticking the box below.

Friends and family are invited to come and watch this event. Tickets are available to purchase direct from the Corn Exchange, please make sure when booking you select the **afternoon** performance. Please visit the following website. <http://www.kingslynncornexchange.co.uk/>. Tickets are purchased at your own discretion and may not be refundable if this event is cancelled due to Covid.

We will provide confirmation of what children need to wear after half term. In addition to a packed lunch, the children will need: a water bottle and a coat will be required as the children will walk from the bus to the Corn Exchange.

Please return this form to: your school's office by Friday 4th March 2022 Tel No: **01553 810394**

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

Parents/Carers - Please Complete This Section: Dance Festival 22nd March 2022

I am willing for my child _____ Class _____ to take part in this activity.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ren to receive pain relieving medication if required (one dosage of paracetamol only). * please delete as appropriate

I agree to my child/ren 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/we confirm that this data will be shared with and taken on the visit by the lead teacher.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) _____ Tel: _____

(ii) _____ Tel: _____

Signature of Parent / Guardian: _____

I would like to order a school packed lunch for the visit Ham Tuna Cheese (please tick if required)