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Email office@garboldisham.norfolk.sch.uk

Headteacher Mrs Suzanne Halliwell

6th March 2018

Dear Parents and Carers of children in Years 5 and 6

**MONDAY 26TH MARCH 2018**  
**SUEZ RECYCLING AND RECOVERY UK LTD - GREAT BLAKENHAM**

We have organised a school visit to Suez Recycling and Recovery UK Limited at Great Blakenham, near Ipswich on Monday 26th March 2018.

We will be travelling by coach and will return to school by 3:00pm, where your child will be ready for collection.

The children will need a packed lunch - no fizzy drinks or glass bottles please, along with a snack and plenty of water. Children who are entitled to a Free School Meal will have their packed lunch provided for them. We are all required to wear trousers, as legs must be covered at all times - no shorts, skirts or dresses, school sweatshirt with logo and red (school) polo shirt please as well as sturdy and sensible shoes, ie walking boots or trainers.

Please complete and return the slip below to indicate your lunch requirements along with the attached form by **MONDAY 19TH MARCH 2018**.

Finally, unless you expressly ask for your child not to be in any photographs taken on the day, we will assume that we have your permission to take photographs for display purposes.

Yours sincerely

Suzanne Halliwell

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*I would like my child:*.....

- to have a school packed lunch on Monday 26th March 2018. Their choice of sandwich filling is - cheese / ham
- I enclose payment of £2:00 / I have pre-paid for lunch on that day / Free School Meals apply
- I will provide a packed lunch from home for my child

Signed: ..... Date: .....



## Parental Consent Form - Category A Visits

### To be completed by the Visit Leader:

Please return to : Jo Green (School Office)    Tel No: 01953 681327

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: Years 5 and 6

Place of visit: Suez Recycling & Recovery

Date: Monday 26th March 2018

Method of travel: Norfolk Coachways

### 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 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: \_\_\_\_\_

**My contact number/s during this visit will be:** \_\_\_\_\_

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.