



Church Road Garboldisham DISS Norfolk IP22 2SE tel 01953 681327 fax 01953 681327  
Email office@garboldisham.norfolk.sch.uk

Headteacher Mrs Suzanne Halliwell

10 June 2019

Dear Parents and Carers of Cherry Tree Class

**NORWICH CASTLE - TUESDAY 9 JULY 2019**

We have organised a school visit to the Norwich Castle on Tuesday 9 July 2019.

We will be travelling by coach and propose to leave school at 9:00am and will return by 3:00pm.

The children will need to bring a packed lunch, no fizzy drinks or glass bottles please. If you would like to order a school packed lunch for this trip, at a cost of £2:00, please complete the order form below, please could **EVERYONE**, return their forms confirming home or school packed lunch along with payment if applicable, no later than Monday 1 July. *Pupils in Year 2 are entitled to a free school meal.*

We are asking for a voluntary contribution of £5:00 per child to cover the cost of the events at the Castle, FROGs have kindly agreed to finance the cost of the coach.

Children will need to be in smart school uniform.

Please return the form below, along with your voluntary contribution to the school office by the latest Monday 1 July 2019.

Yours sincerely

pp

Suzanne Halliwell

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**NORWICH CASTLE - TUESDAY 9 JULY 2019**

I would like my child: .....

- to have a school packed lunch on Tuesday 9 July 2019. Their choice of sandwich filling is - cheese / ham
- I enclose payment of £2:00 / Free School Meals apply / I have pre-paid for lunch/I will pay w/c Monday 8 July 2019.
- I will provide a home packed lunch.
- I enclose £5:00 voluntary contribution towards the cost of coach hire.

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



## Parental Consent Form - Category A Visits

### To be completed by the Visit Leader

Please return to: Mrs Jo Green (School Office)

Tel No: 01953 681327

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: Cherry Tree Class

Place of visit: Norwich Castle

Date of visit: Tuesday 9 July 2019

Method of travel: Coach (seat belts are fitted as standard)

### 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 on Tuesday 9 July 2019 will be:** \_\_\_\_\_

**(Please ensure we have numbers where we can contact you at any point during the day).**

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