



Executive Headteacher: Mrs A Lightbown

Head of School: Mrs J. Kirk

Aslacton Primary School, Church Road, Aslacton Norwich, Norfolk, NR15 2JH Tel: 01379 677345

Dear Parents,

Eagle Class have been invited to Norwich City Football Ground on Friday 1st December to take part in a 'Robotics Roadshow.' This is a STEM (Science, Technology, Engineering and Maths) event where the children will take part in a range of exciting activities.

We will be travelling by coach which will pick us up at 9AM. The event finishes at 3 PM so please arrange to collect your children at 4 PM on this day. The school are covering the costs of the activities and The Friends of Aslacton School have very kindly agreed to cover all the transport costs. Your child will be responsible for carrying their own bag with them on the day which will need to contain their coat, a water bottle and a packed lunch.

Please complete the slip and attached consent form and return them to the school office by Friday 17th November.

Kind Regards,
The Eagle Class Team

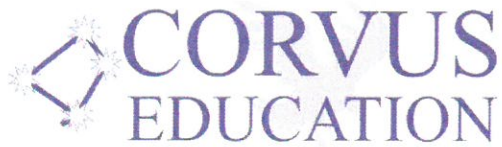
Robotics Roadshow – Friday 1st December

I give permission for my child _____ to
take part in the Robotics Roadshow at Norwich City Football Ground

- My child will be bringing their own packed lunch
- I would like to ordered school packed lunch for my child (this will be to the school on the Thursday and will be stored in a fridge overnight)

Their chosen sandwich filling is (please circle) Ham Cheese

- My child is eligible for free school meals
- I will be paying for my child's school packed lunch



Parental Consent Form

To be completed by the Visit Leader:

Please return to: Mrs Cott

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: Eagle Class

Place of visit: Robotics Roadshow – Norwich City Football Ground

Date: 1/12/17

Method of travel: Coach

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 Corvus Education Trust, 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 Corvus Education Trust, 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::

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