



Executive Headteacher: Mrs A Lightbown

Lead Teacher: Mrs L Turk

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

Dear Parents/Carers,

Pantomime

We are off to the pantomime (oh yes we are!), thanks to the amazing fundraising efforts of our PTA over the last year. We will be travelling to the Theatre Royal in Norwich to watch 'Aladdin' on Monday 7th January 2019 during school hours.

We will be travelling by coach, leaving school at 9.15am and returning by 3pm.

We will be seated together in the theatre and afterwards will walk the short distance to the church hall of St Peter Mancroft, just behind the theatre, who are kindly allowing us to use their hall to eat our lunch and use the toilets.

All children will require a disposable home packed lunch in a clearly named bag and with a drink. All children will require a water bottle that is separate to their lunch to take into the theatre with them.

All children must be in full school uniform with a waterproof coat.

Please complete all parts of the attached form and return it by Friday 14th December. There is no monetary contribution requested for this trip as the whole cost of the visit is being funded by the PTA for which we are very grateful.

If you have any questions please see me as soon as possible,

Yours sincerely,

Mrs L Turk

Parental Consent Form

To be completed by the Visit Leader:

Please return to: **Mrs Turk**

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: **Whole School**

Place of visit: **Theatre Royal Norwich to see Aladdin**

Date: **Monday 7th January 2019**

Method of travel: **Hired 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 in the information letter sent home with this form, 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:

Emergency Contact Number for the date and times of the visit:

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

All children will require a home packed lunch on this day.