



Headteacher: Mrs S Medler

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14th November 2018

Dear Parents/Carers,

We are very excited to let you know that we have planned a trip to see Aladdin at Norwich Theatre Royal on **Thursday 13th December 2018** as part of our Christmas activities. **There will not be any cost to yourselves.**

This is possible due to the amazing hard work of the Friends and your support at events.

The show starts at 10:30am and the children will be back in the afternoon. Your child will require a packed lunch on the day and a drink in a plastic bottle – no fizzy drinks or sweets, thank you.

We are confident that this will be a lovely event for our children and an exciting opportunity to visit our local theatre in the run-up to Christmas.

Please complete the consent form attached to this letter and return no later than **Thursday 29th November.**

Thank you for your continued support.

With kind regards

Mrs Medler



NAME OF CHILD : DATE OF BIRTH : CLASS :

SCHOOL : Kenninghall Primary School

Visit to : Theatre Royal, Norwich Date of visit : 13th December 2018

I have received and read details of the above visit.

I consent to my child taking part in the visit and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: As my child's school records already show or/..... (please delete or complete appropriately).

Signed (parent/carer)

Printed name :

PLEASE COMPLETE SECTIONS BELOW

- 1. If you will be away from home or work on the day of the visit please give an alternative address/contact number where you or a relative or friend acting for you, can be contacted.

*****PLEASE COMPLETE THIS IN FULL*****

Contact 1

Contact 2

Name :

Name :

Address :

Address :

.....

.....

Post code :

Post code :

Tel :

Tel :

Mobile tel :

Mobile tel :

- 2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition which we are not already aware of. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be made aware. Please indicate here also if your child is receiving medication with details and dosage, and/or has any specific dietary requirements.

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