



Dear Parents/Carers

As part of our curriculum development we have organised a trip to the theatre to see Sleeping Beauty. It will be the basis for work across the curriculum in all year groups.

We will be visiting **Beverley Parkway Theatre on Tuesday 17th December** for the morning performance. We would like to make this a whole school experience as part of the Every Child Matters Agenda – Enjoy and Achieve.

We will be leaving school at 9.15a.m. and we will return to school approximately 1.00p.m, hot meals will still be available. School will finish at the usual time of 3.20pm.

This year we have been able to subsidise the visit with money from School Fund, therefore the cost will be **£10** per child. This will include an ice cream during the interval.

If you would find paying in weekly instalments easier please complete the consent form and call at the office to collect a payment card.

The trip has the approval of the full governing body and is covered by the ERYC Voyager Personal Accident Insurance Scheme. The staff will carry a mobile phone at all times.

If your child suffers from travel sickness or has any specific medical needs please let us know so that appropriate arrangements can be made.

Please complete the parental consent form attached and return to school with the payment by **Monday 9th December**.

Mrs. S. Woolhouse
Driffield Northfield Infant School

DRIFFIELD NORTHFIELD INFANT SCHOOL

Educational Visit Parental Consent Form

1. Details of Journey

Visit to Beverley Parkway Theatre - Sleeping Beauty

Date Tuesday 17th December 2019

Times Leaving at 9.15a.m. returning approximately 1.00 p.m.

I agree to my childtaking part in the above mentioned visit and, having read the information sheet, agree to their participation to any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on their part.

2. Medical Information

- a) Does your child suffer from any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details

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- b) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last three months that may be or become contagious or infectious? YES/NO

If YES, please give brief details

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- c) Does your child have any allergies - for example to medication or specific foods? YES/NO

If YES, please specify

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d) Has your child received a tetanus injection in the last five years?
YES/NO

e) Please outline any special dietary requirements of your child.

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I undertake to inform the visit organiser as soon as possible of any change in the medical circumstances between the date signed and commencement of the journey.

3. Declaration

In an emergency I agree to my child receiving medical treatment including anaesthetic, as considered necessary by the medical authorities present.
I understand the extent and limitations of the insurance cover provided.

I may be contacted by telephone on the following numbers:

Name

1st Priority number:2nd Priority Number:

Alternative contact: Name

1st Priority number:2nd Priority Number:

Name of Family Doctor

Telephone number:

I understand that the cost of the visit will be - **£10**

To be paid in full by - **Monday 9th December**

Signature of parent/guardian

Date