

Darnhall Primary School
Sandyhill Road
WINSFORD
Cheshire
CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.
Assistant Headteacher: Natasha Mulholland B.A Hons



31st January 2019

Dear Parents and Carers,

Rowan class will be visiting The Clonter Theatre on Monday 18th March for a Set and Lighting Design day. We will be departing school at 8.50am so all children must arrive on time. We will arrive back at Darnhall for 3pm.

Your child will require a packed lunch from home or the school catering team can provide a Cat Bag for £2.50, payable via ParentPay, or free of charge if your child is on Free School Meals.

The parental contribution for this trip is £7.50 per child, payable via ParentPay, which is to cover the transport cost. Please complete and return the reply slip and Form C no later than Monday 4th March 2019.

Kind regards

Miss C Lupton
Year 5 Class Teacher



CLONTER THEATRE 18th March 2019

I give permission forto take part on the Clonter Theatre trip.

- I enclose the completed Form C and have paid £7.50 via ParentPay
- Please provide my child with a **HAM/CHEESE Cat Bag (please circle)**
- I will provide a lunch from home for my child

Signed Date.....



FORM 'C'
PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child Class: ROWAN

Details of visit to: CLONTER THEATRE

Date of visit: 18TH MARCH 2019
Leaving School at: 08:50
Arriving back at school at: 15:00

I agree to my child taking part in this visit

I have read the information sheet I agree to 's participating in the activities described.

I acknowledge the need for to behave responsibly throughout the visit.

Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

.....

b) Please outline any food or other allergies and special dietary requirements of your child:

.....

c) Any recent illness or accident staff should be aware of?

.....

d) When did your son/daughter last have a tetanus injection:

.....

Declaration

I agree to my son/daughter 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.

Emergency contact telephone number for the day of the visit:

Name of Contact:

Work: Home

Signed..... Date.....

Full Name [capitals]

