

## Parental Consent Form – Level 2 Visits

### CONFIDENTIAL

#### Information from the Trip Leader: Miss Thorne

Group: **Whole school**

Place of visit: **Wormegay Field, next to Hill Estate**

Method of travel: **By foot**

Due to the pandemic sporting events haven't been able to take place. However, we are trying to work with Norfolk Schools partnership to be able to present some of the activities. Therefore, we are able to participate in the cross country event on the **9<sup>th</sup> November from 1pm until 2.45pm** and submit our details for this event along with other participating schools. We will be walking to the school field next to Hill Estate for this event and then back again. This event is very beneficial to your child as this inspires them to succeed and excel in competitive sports to become more confident in a way which supports their health and fitness. Children will need to have their PE kit with warm jogging bottoms and sweatshirt and plenty of drink.

Please return this form to your schools' office by **Friday 6<sup>th</sup> November** Tel No: **01553 810274**

The Visit Leader, will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant

---

#### Parents/Carers - Please Complete This Section: Whole school cross country

I am willing for my child \_\_\_\_\_ Class \_\_\_\_\_ to take part in the **Cross Country event** and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I/we confirm that this data will be shared with and taken on the visit by the lead teacher

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.

Emergency Contact Details: Name of parent(s)/guardian(s):

(i) \_\_\_\_\_ Tel: \_\_\_\_\_

(ii) \_\_\_\_\_ Tel: \_\_\_\_\_

Signature of Parent / Guardian:

---

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

Wormegay CofE Primary  
School Road, Wormegay, Norfolk, PE33 0RN  
Tel: 01553 810274  
Email: [office@wormegay.norfolk.sch.uk](mailto:office@wormegay.norfolk.sch.uk)

Runton Holme CofE Primary  
School Road, Runton Holme, Norfolk, PE33 0EL  
Tel: 01553 810394  
Email: [office@runtonholme.norfolk.sch.uk](mailto:office@runtonholme.norfolk.sch.uk)

Website: [www.runtonholmewormegay.co.uk](http://www.runtonholmewormegay.co.uk)