



28 November 2017

Dear Parents / Carers

**Robin Hood Pantomime Wednesday 6<sup>th</sup> December 2017**

We have now finalised our plans for our annual pantomime trip.

We will be leaving school after lunch and due back at school for 4.45 pm. When we arrive at school **ALL** children will be taken to their normal classrooms and then dismissed from there as is our normal practice. Those children who are not going can be collected at 3.00 pm as normal.

The cost of this trip is £5.00 per pupil. Money is now due. If you have any problems paying this amount please see Miss Fellowes who will explain our hardship fund to you.

Full school uniform must be worn.

Preferred method of payment would be through Parent Pay. Please see the office if you do not have details of how to log in to this. You may send money in an envelope with your child's name and class on it and give this to the class teacher.

I would like to thank you for your continual support.

Yours sincerely

Mrs A Collins  
Head of Primary

Miss D Fellowes  
Head of Primary.

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## PARENTAL CONSENT FORM FOR A SCHOOL VISIT

**School Group:**        **Whole School**

**Destination:** **Loughborough Town Hall LE11 3EB**

<b>From: Date/Time:</b> Wednesday 6 <sup>th</sup> December 2017 12:00pm	<b>To: Date/Time</b> Wednesday 6 <sup>th</sup> December 2017 16:45pm
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I agree to my child .....  
taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described. Also to leave the academy at 3pm.  
I give permission for my son/daughter to walk home  or be collected

### 2. 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 special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

c) Is your son/daughter allergic to any medication? YES/NO  
If yes please specify:

### 3. 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 consider necessary by the medical authorities present.  
I understand the extent and limitations of the insurance cover provided.

### Contact Telephone Numbers

Home:	Work:
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Home Address:

Alternative emergency contact Telephone number: Name & Address:	Name of family doctor: Telephone number: Address:
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Signed: \_\_\_\_\_ Legal Parent/Guardian      Dated: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_