

# CLENCHWARTON PRIMARY SCHOOL

Main Road, Clenchwarton,  
King's Lynn, Norfolk, PE34 4DT



Executive Headteacher: Ms J. Borley

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Year Group: **Year 6**

Place of visit: **King's Lynn Fire Station for Crucial Crew Event**

Method of travel: **Coach**

Dear Parents/Carers,

On Monday 29<sup>th</sup> April 2019, a trip has been arranged to the Crucial Crew event. Crucial Crew is a national scheme aimed at Year 6 pupils. It teaches children how to tackle the personal dangers they face in the home and on the street. It also helps to prevent them from becoming involved in crime. The scheme raises their awareness in a fun and effective way so that they may be better equipped to increase their own safety and others safety.

We will be departing from Clenchwarton School at 11.30am and we will return by 3pm. Please kindly provide a packed lunch. We will be travelling to and from the event by coach.

Please ensure that your child wears **full school uniform** (leavers hoodie allowed) and sensible footwear. We are requesting a voluntary contribution of **£4.30** towards the cost of the visit. No child would miss the event due to an unpaid contribution, however, in the event of low contributions; the event may have to be cancelled. If you have any concerns regarding payment, please see the school office or speak to Ms Borley. This can be paid through ParentPay.

Please return this form to: **Mrs Burgess**

Tel No: **01553 775035**

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

## To be completed by the Parent/Guardian

- I am willing for my child \_\_\_\_\_ in Year 6, to go to the King's Lynn Fire Station, on Monday 29<sup>th</sup> April 2019. Having read the additional information provided, I agree to my child taking part in the activities described.
- I understand that the staff responsible for the activities will take all reasonable care of participants.
- 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: \_\_\_\_\_

(if participant is under 18)

Signature of Participant: \_\_\_\_\_

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



Doctor's name : \_\_\_\_\_

Doctor's Tel. no: \_\_\_\_\_ National Health No.(if known): \_\_\_\_\_

Date of last known tetanus injection (if known): \_\_\_\_\_

Please give details of any recent illnesses. Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

In event of an asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler *[delete as appropriate]*.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school every day.

Signature of Parent / Guardian: \_\_\_\_\_

(if participant is under 18)

**Copies must be carried securely by the Visit Leader or group supervisor**