

CLENCHWARTON PRIMARY SCHOOL



Main Road, Clenchwarton,
King's Lynn, Norfolk, PE34 4DT
Executive Headteacher: Ms J. Borley

Part of  West Norfolk
Academies Trust



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Year Group: **Year 4**

Place of visit: **The Corn Exchange, King's Lynn**

Method of travel: **Coach in the afternoon to leave school at 1.30 and to return around 3.30 – then parents to bring children to the Corn Exchange at 6:00pm**

Year 4 will be off to **The Corn Exchange, King's Lynn** on **14/03/2023** as part of their music. It's a very exciting opportunity, as they will be performing on stage to a large, paying audience! They will be playing tunes that they have been learning in school with Mr Seales along with a song which will be performed at the end with all of the schools joining in. This opportunity 'Schools Make Music' has been organised by the Trinity Rotary Club for many local schools in the area and has been going for 25 years. We will be rehearsing our musical pieces at the Corn Exchange during school time, but the main performance is in the evening. We have been allocated the rehearsal session of 2.00-3.00 pm during the school day so aim to be back by 3.30pm

We will then expect the children to be brought to the Corn Exchange at **6:00pm prompt** for the evening performance. I will be there to meet them, but I **will not** be there **before 6:00pm**. **Please arrange amongst yourselves if you wish to car share.**

Please ensure that your child is wearing their **full school uniform** and looking very smart. The event should finish by approx. 8.45pm so if you are not staying for the performance, your child will need picking up at this time. Please note that the performance will not have an interval so the children will need to be present for the whole concert.

No contribution is needed for this opportunity but if you would like a ticket they are on sale on the Corn Exchange website at **£6 each**. Any child in the performance **will not** need a ticket bought for them.

Please return this form to: **Mrs Ryan by Friday 10th February**

Tel No: **01553 775035**

Please note that teachers will be attending a meeting next week regarding this performance so some details in this letter may change. Should this happen we will let you know as soon as possible.

To be completed by the Parent/Guardian

- I am willing for my child _____ in Year 4, to go to **The Corn Exchange** on **14/03/2023** for the rehearsal during the school day. Having read the additional information provided, I agree to my child taking part in the activities described.
- I can confirm that my child will/will not be taking part in the **evening performance**.
- If yes I will bring my child to the evening performance (Name) **OR** I have agreed that another parent will bring my child Name of other responsible adult
.....
- 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.



Artsmark
Silver Award
Awarded by Arts
Council England



MUSIC MARK
SCHOOL
2022 - 2023



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

(i) _____ Tel: _____

(ii) _____ Tel: _____

Signature of Parent / Guardian: _____ 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 <i>[delete as appropriate]</i> .
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: _____

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