



RED HOUSE  
SCHOOL

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12 October 2018

Dear Parents

**Reception visit to Pantomime: Tuesday 4 December**

Reception pupils will go to Billingham Forum on the afternoon of Tuesday 4 December to see the pantomime 'Peter Pan'.

We will travel by school minibuses leaving after lunch and returning at approximately 3.45pm.

The children should wear their school uniform.

I will lead the trip and will be accompanied by other staff members. The trip will be subject to the conditions set out in the Parent Contract and will be covered by the school's insurance policy. Staff will take a first aid kit with them and there are additional first aid facilities on site. If your child suffers from asthma or severe allergic reactions please ensure their inhaler/medication/epipen is with them. If they do not have them, they will be unable to go on the trip.

Please ensure that you have notified School of any changes to your contact numbers.

The cost of the trip is £12, which will be added to your fee account.

Please complete the consent form and return it to Mrs Green by 16 November.

If you have any queries please do not hesitate to contact me.

Yours sincerely

**Miss R Dring**  
**Reception Teacher**



# Red House School

## PARENTAL CONSENT FOR A SCHOOL VISIT

(To be distributed with any information sheet giving full details of the visit)

Name:.....Form:.....

**Details of visits: Reception to Forum Theatre – 4 December 2018**

I agree to ..... taking part in this visit and have read the information sheet.

I agree to my child participating in the activities described.

I acknowledge the need for my child to behave responsibly.

**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) Please give details of any other health/behavioural information which would be useful to the group leader:

.....

(e) Is your son/daughter allergic to any medication?

YES/NO

If yes, please specify:

.....

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

.....

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

CONTINUED OVERLEAF

**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 considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: ..... Mobile:.....

Home:.....

Address: .....

.....

Alternative emergency contact:

Name: ..... Tel No:

.....

Name of Family Doctor: .....

Tel No: .....

Signed: ..... Date:

.....

Full Name: .....

(In capital letters please)