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**Ladock C of E School**

Ladock, Truro, TR2 4PL

ladock.secretary@celticcross.education

01726 882622 w[www.ladock.cornwall.sch.co.uk](http://www.ladock.cornwall.sch.co.uk)

21st November 2018

Dear Parent/Carer

**Whole School Cinema Trip – Monday 17th December 2018**

On Monday 17th December children from Nursery to year 6 will be going to St Austell cinema to watch ‘Peter Rabbit’ (U), as a special end of term PTFA treat. This is funded entirely by the PTFA who we are extremely grateful to.

On this day, the children will be leaving school at 9:00am and arrive back at school for lunchtime. The children will travel to St Austell by double decker buses which are all fitted with seat belts, if your child needs a booster seat, you are welcome to send them in with one on the day (labelled please).

Children do not need to bring any spending money as ice lollies will be provided.

If you are happy for your child to take part in this trip, please sign and return the form below by **Wednesday 12th December.**

**LADOCK CHURCH OF ENGLAND SCHOOL**

Parental Consent Form

This form has been produced for parents/guardians of children at Ladock Church of England School to complete with regard to visits and journeys and gives the necessary authority to the school to take your child on the visit. Please note that in signing this form your rights are not affected in any way.

Visit/Activity**: PTFA Cinema Trip**

Date Monday: **17th December 2018**

I wish my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be allowed to take part in the above mentioned visit/activity and, having read the information provided, agree to him/her taking part in any of the activities described.

I consent to any emergency medical treatment required by my child during the course of the visit.

I confirm that my child does not suffer from any medical condition requiring regular treatment OR my child suffers   
from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requiring regular treatment (e.g. diabetes, asthma). If your child suffers from a particular complaint, please give details of the complaint and its treatment on the back or this form.

I consent to my child travelling by any form of public or contracted transport.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is in force a policy of insurance in respect of this trip, which provides cover for the matters above.