



Willenhall Community Primary School

St. James Lane, Coventry, CV3 3DB

HEADTEACHER

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24 November 2017

Dear Parent/Carer

With Christmas fast approaching we are very excited to inform you that the children in **Year 2** have been invited to attend a pantomime at the **Standard Triumph Club** in Coventry on **Wednesday 6th December**.

The coach will be leaving the school at 12:00pm and the school will provide your child with a packed lunch to eat before they leave. The children should be back in school ready for collection at the normal time, if there are any delays due to traffic we will contact you via Schoolgateway.

The pantomime is free of charge and we are also very lucky this year that transport, by coach, to and from the venue is also being provided.

As your child will be representing the school they must wear full school uniform and they will require a coat.

Please ensure that you keep the school informed of any medical needs that your child may have. If your child is asthmatic and uses an inhaler, one must be provided so that it can go with them on the visit. **If they do not have an inhaler with them they will not be allowed to go on the visit.**

Please complete the permission slip over the page and return to school by **Friday 1st December**. If you do not return the completed slip your child will not be allowed to go on the visit.

Yours sincerely

Mrs Corden and Miss Thomas

Year 2 Class Teachers

IMPORTANT - CONTINUED OVER THE PAGE

Year 2 Pantomime Trip, Wednesday 6th December 2017

Child's name:		Class:
<u>Please circle Yes or No as appropriate below:</u>		
YES	NO	I give my permission for my child to take part in the visit detailed above.
YES	NO	My child has a medical condition (please include asthma) requiring regular medical treatment or medication. If yes, give brief details:
Please provide details of any allergies that your child suffers from:		
YES	NO	In the event of an emergency, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
EMERGENCY CONTACT NAME (please list in order you wish them to be contacted in the event of an emergency)		Relationship to child:
Contact number:		
1.		
2.		
Signed (parent or legal guardian):		Date: