

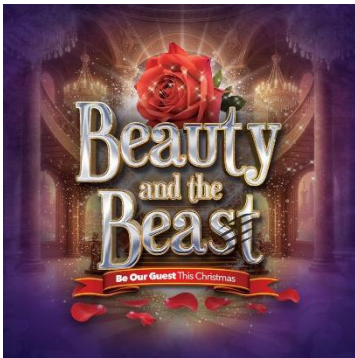
Thursday 25th June 2026

Dear Parents/Carers

There is an opportunity for 200 children from next years 4,5 and 6 (current years 3,4 and 5) to experience a trip to the theatre. We have booked to see a production of 'Beauty and the Beast' at the Old Rep Theatre on **Wednesday 2nd December 226**.

The cost is **£25** which includes admission and coach travel to the theatre.

This is an additional trip and is not linked to the Curriculum. However, it will give the children an opportunity to experience the culture of the theatre.



A Tale as Old as Time Comes to The Old Rep!

This Christmas, professional family pantomime returns in spectacular style as award-winning Polka Dot Pantomimes presents the magical classic — BEAUTY AND THE BEAST

Join us for a spellbinding adventure filled with laughter, love, and enchantment, as this timeless tale comes to life on stage with all the festive sparkle you could wish for!

Expect dazzling scenery, glittering costumes, magical special effects, toe-tapping musical numbers, and real live panto pooches. With plenty of laughs and audience participation, this is pantomime at its very best — a heartwarming festive treat that everyone will enjoy.

Theatre tickets can be costly to go as a family, so this gives the children the opportunity to experience a theatre performance at a reduced cost.

To reserve a place, please pay a £5 deposit on Arbor by Friday 15th July 2026 with the balance due by Friday 21st November 2026.

Places will be allocated on a first come first served basis.

Yours sincerely



Mrs J Bayliss
Head Teacher

SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

(Sept 2024)

Data Protection Act, 2018

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation. The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25. If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

School/Group:	Burnt Tree Primary School
Visit to:	The Old Rep Theatre
Date and times:	Wednesday 2nd December 2026 between 12:15pm and 4:30pm
I consent to:	

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea? Yes No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc Yes No

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, in the last few years that we should know about? Yes No

If yes please give details:

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

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

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

Ev:

Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.