



RI/DE

26th November 2024

Dear Parents

We are pleased to inform you that your child has been invited to sing at a Carolathon to raise funds for the Demelza Hospice at Bligh's Meadow Shopping Centre, Sevenoaks on **Monday 9**th **December 2024**.

The children will be travelling by Buses4U with Mrs Jewitt and Miss Ward from Tatsfield Primary School at 9.30am for their 10.30am–11.00am singing slot. Please ensure your child has a raincoat and water bottle.

We would welcome **3** parent helpers who would need to travel by car themselves as there won't be space on the buses. Please can you indicate on the consent form overleaf if you would be happy to transport your own child there. We will confirm this once we have the final numbers.

All parents are welcome to come along to hear the children sing. The children will be singing outside Gail's Bakery, Bligh's Meadow, TN13 IDD. A car park is located nearby.

Please complete the consent slip and return it to the school office by Friday 6th December 2024.

Yours sincerely

Rachel Jewitt Headteacher

Headteacher: Mrs R Jewitt

Address: 3 Ship Hill, Tatsfield, Westerham, Kent, TN16 2AH Telephone: 01959 577356 Email: School@TatsfieldTLT.co.uk

Website: www.TatsfieldTLT.co.uk



PARENT CONSENT FORM TATSFIELD PRIMARY SCHOOL

Choir Trip to Bligh's Meadow Shopping Centre Travelling by Buses4U/Parent Cars on Monday 9th December 2024

| I wish my child | to be allowed to take part in the above-mentioned event, agree to them taking part in any or all the activities described. |
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| | tands that it is important for their safety and for the safety of the tions given by the staff in charge are obeyed. |
| I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of this journey. I therefore hereby agree to indemnify Tandridge Learning Trust, its employees, and agents against all liability for injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to the acts or default of my child unless the illness, injury or death was due to the negligence of Tandridge Learning Trust, its employees, or agents. | |
| My child has no illnesses, allergy or | physical disability/the following illness or physical disability* |
| which necessitates the following me | dical treatment |
| (*please delete as applicable) | |
| \square I consent to any emergency med | ical treatment necessary during the visit. |
| ☐ I do not consent to any emergen | ncy medical treatment necessary during the visit |
| My emergency te | lephone number for the duration of the event is: |
| PLEASE TICK THE APPROPRIATE BOX WITH REGARDS TO TRANSPORT AND RETURN TO THE SCHOOL OFFICE BY Friday 6 th December 2024 AT THE LATEST I will be able to take my child by car to this event | |
| | |
| Signed | Date |