



*A love of life through a love of learning*



Hawks Tor Drive  
Lewannick  
Launceston  
Cornwall  
PL15 7QY  
Tel 01566 782262

E-Mail: [Head@lewannick.cornwall.sch.uk](mailto:Head@lewannick.cornwall.sch.uk)

24<sup>th</sup> February 2014

Dear Parents

Your child is invited to take part in the Cross Country Event at Landrake on Friday, 21st March at 1.30pm.

For this event I am asking parents to organise transport for your own children to the event. You are most welcome to stay and watch. Pupils will need to be transported home afterwards and are not expected to return to school. Please collect your child from school by 12.30pm to take them to Landrake.

Please sign and return the attached permission consent form with the entry fee of £1 by Wednesday 5<sup>th</sup> March if your child wishes to take part.

Although we are asking parents to transport their child we still need to know WHO is transporting and collecting your child for our register, so please complete the slip below and return with the consent form attached.

Yours sincerely

Yonna Kilpin  
Teacher

---

**LANDRAKE CROSS COUNTRY RUN**  
**Friday, 21st March 2014**

Child's Name \_\_\_\_\_

My child will be travelling to the event with \_\_\_\_\_. My child will be collected by \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Guardian

**Lewannick Community Primary School**

**CORNWALL COUNTY COUNCIL EDUCATION DEPARTMENT  
PARENTAL CONSENT FORM**

This form has been produced for parent/guardians of pupils to complete with regard to school visits and journeys and gives the necessary authority to the school to take your child on a visit.  
PLEASE NOTE in signing this form your rights are not affected in any way.

VISIT/ACTIVITY Cross country  
PLACE Landrake  
DATES Friday, 21<sup>st</sup> March 2014

\*Please delete as appropriate

I wish my son/daughter .....  
to be allowed to take part in the above-mentioned school journey/visit and having read the information provided, agree to him/her taking part in any or all the activities described.

1. I consent to any emergency medical treatment required by my child during the course of the visit.
2. I confirm that my child does not suffer from any medical condition requiring regular treatment OR my child suffers from:-  
.....
3. I consent to my child travelling by any form of public transport and/or in a motor vehicle driven by \_\_\_\_\_  
or another member of the party.

Signature of Parent/Guardian.....

Address.....

Telephone number .....

**NOTES**

*The Local Education Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.*

*If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the LEA, its employees or agents, the LEA will not be liable to pay any damages or to meet any expenses arising.*

*Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to a third party or damage caused to the third party's property the LEA will not be responsible for this unless it can be shown to be at fault in some way.*

*There is a policy of insurance in respect of this trip which provides cover for the matters referred to in the above notes. A summary of the provisions is available from the LEA.*

**Please note that the failure to complete and return this form will mean that your child will be excluded from the activities listed.**