



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
Coronation Avenue, Wilford, Nottingham NG11 7AB
☎ 0115 9152961 Fax 0115 9152962
Email: admin@st-patricks.nottingham.sch.uk
Website: www.st-patricks.nottingham.sch.uk



Headteacher: Mrs T Lane

11th February 2019

Dear Parents and Careers,

I am delighted to inform that year 4 and 5 residential trip to the Mill Adventure Base on the 4th and 5th April has received enough interest from our students to take place. I would like to take this time to remind you that the next instalment of £30 is due on Friday 1st March.

Please find attached two consent forms, one from the Mill Adventure Base which allows children to take part in the activities, and the medical consent form which is essential when taking children on a residential trip, please included any details of medical and dietary needs as well as any further information that you feel we will need to know.

Please complete the attached consent form and return to your class teacher or the office by Friday 15th February.

Thank you for your continuing support,

Mr G. Slight,
Educational Visits Coordinator.



ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY



OV4 CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE

1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy**

Visit to: **The Mill Adventure Base**

Details Activities to be undertaken: **Residential**

Date(s) / Times: From: **Thursday 4th – Friday 5th February 2019**

I agree to my son/daughter: _____ (name) taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities* described. I acknowledge the need for obedience and responsible behavior on his/her part. I understand the extent and limitations of the insurance cover provided.

*If there are any activities in which your child cannot participate, please give details: _____

If water activities are involved, is your child confident in water? (please circle) **YES / NO / NOT APPLICABLE**

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware:

YES / NO

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc: _____

c) Details of any medication

| Name of medication | Dosage | Times of day or circumstances to be given | Method of administration |
|--------------------|--------|---|--------------------------|
| | | | |

Any special precautions, side effects of medication etc: _____

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

** Delete if not applicable

d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?

YES / NO

If YES, please give brief details: _____

e) Is your son/daughter allergic to any foods or medication:

YES / NO

If YES, please specify: _____

f) When did your son/daughter last receive a tetanus injection?: _____

g) Please outline any special dietary requirements of your child: _____

h) I undertake to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

i) I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS:

a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

c) Name, address and telephone number of family doctor: _____

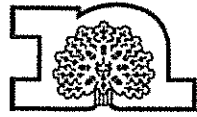
4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian

1 copy to be held by the Establishment
1 copy to be taken by Leader on the visit



Office use only: Valid January – December 2019

Participant Details

Name _____

Home Address _____

Postcode _____

Tel(home) _____

Email _____

Male / Female Date of birth ___ / ___ / ___

School _____

Emergency Contact Details

Parent/Carer Name _____

Day Tel No. _____

Evening Tel No. _____

Email _____

Relationship _____

Second Contact _____

Day Tel No. _____

Evening Tel No. _____

Mobile No. _____

Relationship _____

Medical Information

Would the participant be considered to have a disability? Details _____

Has the participant any of the conditions below, limiting involvement in the activity? **Please circle**

| | | | |
|--------------------|-----------|-------------------|--------------------|
| Infectious Disease | Epilepsy | Heart Condition | Fainting/Dizziness |
| Asthma | Allergies | Mobility problems | Pregnancy |

Other medical information _____

Details of medical treatment and/or drugs _____

Is the participant allergic to any medication? YES/NO Details _____

Doctors Name/Surgery _____

Consent

I have read, noted and understood the information overleaf together with the attached briefing sheet, if attached and I consent to my self / son / daughter taking part in any of the activities listed.

I also consent to the use of their/my name, likeness or speech in any audio/video-tape, photograph or film made during the activity for any legitimate purpose of Nottinghamshire County Council or its partners, this includes use on social media; e.g. facebook or Instagram.

I acknowledge that adventurous activities carry an element of risk and therefore accept the need for responsible behaviour, including listening to and following safety instructions.

In the event of an emergency I agree to my self / son / daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed (legal guardian) _____ Signed (participant) _____

Name (legal Guardian) _____ Date _____

Nottinghamshire County Council, Children Families and Cultural Services offer a number of educational packages at the Mill Adventure Base, Kings Mill Reservoir, Sutton in Ashfield, together with off-site activities in Nottinghamshire, Derbyshire and further afield.

- All activities carry an element of risk and are run and supervised by appropriately qualified and experienced staff in accordance with procedures agreed by the Adventurous Activities Licensing Authority where required.
- All necessary safety equipment is provided; this equipment is regularly checked and maintained.
- No one will be expected to participate in any activity that is beyond his or her capabilities.
- All participants should come suitably prepared for the activity. Where necessary protective clothing will be supplied however a **complete** change of clothing, including footwear should always be brought along, plus a towel if undertaking water activities. **Jeans are not suitable for any activity.**
- Whilst it is not essential to be a swimmer to participate in water activities, it is imperative that the instructor is aware of anyone with poor swimming ability or low water confidence.
- Remote supervision may be employed during non activity times within strict boundaries.
- Any activity/programme that requires transport will use an appropriate and approved form.
- Anyone who is considered to be under the influence of alcohol/substances will be removed from site.
- It is illegal to smoke at any NCC site and in any NCC vehicles.

On Site Activities

Climbing Wall/Abseil, High/Low Ropes Course, Team Games, Artificial Caving System, Archery.
Loose fitting clothes are required for ease of movement; trainers (old) are ideal footwear

Canoe/Kayaking/Sailing/Raft Building

Health Notice - The quality of inland waters can be of concern, particularly during the summer months. Participants should avoid immersion, report any ill effects to a Doctor and contact the activity centre concerned.

Off Site Activities

Mountain Biking / Orienteering

Good footwear, long sleeved top and long trousers required. Cycle helmets will be supplied and worn by all participants in mountain biking.

Rock Climbing / Abseiling / Weasling

Loose fitting clothes are required for ease of movement; trainers (old) are ideal footwear.

Caving/Rock and water based activities

Old warm clothing is a must, an oversuit, helmet and lamp is provided if needed. A change of clothing is essential. Caves we use in Derbyshire have Radon gas present; this is monitored by PICA under Health & Safety Legislation.

Canoeing/Kayaking/Duckying

Local rivers in Nottinghamshire & Derbyshire are used suitable to the ability of the group.

Please tick if you would like to receive promotional information and offers for future products and events at the Mill Adventure Base via email and/or post

Data Protection Act: The information you provide on this form will be treated as strictly confidential. The information will be entered onto a central database with strictly limited access. The information provided will only be used by Nottinghamshire County Council or their delivery agencies. We will not share information with anyone else.



Nottinghamshire County Council is licensed by the Adventure Activities Licensing Authority to provide Climbing, Caving, Watersports & trekking activities. Details can be confirmed with the Licensing Authority on 02920 755715.

The Mill Adventure Base, Kings Mill Reservoir, Sherwood Way South, Sutton in Ashfield, Notts NG17 4PA
Contact Tel: 01623 556 110