



St Patrick's
Catholic Voluntary Academy

ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
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**OUR LADY
OF LOURDES**

CATHOLIC MULTI-ACADEMY TRUST

Headteacher: Mrs T Lane

26th February 2019

Dear Parents

CLASS 1 - TRIP TO MAGNA SCIENCE ADVENTURE CENTRE ON MONDAY 25TH MARCH 2019

I am pleased to inform you that as part of our Moon Zoom topic, Year 1 have the opportunity of visiting Magna Science Adventure Centre on **MONDAY 25TH MARCH 2019**. During our trip, the children will have the chance to explore the different parts of the centre which are: The Big Melt, Earth Pavilion, Air Pavilion, Water Pavilion and Fire Pavilion. They will also take part in a 'Night and Day' workshop which will support them in their learning about the four seasons.

Children will need to be in school for 8.15 am and be back at school for 3.20 pm.

As usual, school tries to keep the cost of visits as low as possible and the PFA have kindly subsidised some of the cost of this trip. Their hard work in fundraising has gone towards paying £5 per child, however, we are asking for contributions of £13.50 per child towards the remaining costs for this trip. Unfortunately, due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

On the day your child will need to wear school uniform but should come prepared for the weather conditions on the day. Warm coat/cagoule plus suitable outdoor shoes as the weather could be wet and cold.

Your child will be provided with a packed lunch by school, however if you want to provide your child with their own packed lunch (no glass bottles or fizzy drinks!) please indicate that you are providing your own lunch on the reply slip below. **Please provide your child with a water bottle to use throughout the day and also a small rucksack for them to carry their lunch in.**

Please return the slip below with the attached OV4 form and payment to the school office by Monday 11th March 2019.

Thank you for your support.

Mrs Wood
Class 1 Teacher

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To School Office, St. Patrick's Catholic Voluntary Academy

CLASS 1 - TRIP TO MAGNA SCIENCE ADVENTURE CENTRE ON MONDAY 25TH MARCH 2019

I enclose £13.50 towards the cost of the trip

My child will be at school for **8.15 am on MONDAY 25TH MARCH 2019**

My child will be providing their **own** packed lunch and will not require a school packed lunch

Signed _____ Parent of _____



ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY
CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE



OV4 FORM

1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy – Class 1**

Visit to: **Magna Science Adventure Centre, Rotherham**

Date(s) / Times: **25th March 2019, 8.15am to 3.20pm**

I agree to my son/daughter: _____ **(name)** taking part in the above-mentioned visit. I acknowledge the need for obedience and responsible behaviour on his/her part.

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 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