



**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

22<sup>nd</sup> November 2021

Dear Parents/Carers,

**CLASS 6 : TRIP TO NATIONAL JUSTICE MUSEUM, THURSDAY 6<sup>th</sup> JANUARY 2022**

Year 6 will be visiting the National Justice Museum on Thursday 6<sup>th</sup> January 2022.

The museum is based at Nottingham's historic courthouse and county gaol. During the visit, pupils will learn about the law and justice system and explore civil or criminal cases in a real courtroom. They will create, prepare and present a trial, taking on roles such as the judge, jury, barristers, witnesses and defendant. Groups will collaborate to reach an outcome or verdict and debate the best sentencing options.

As usual school tries to keep the cost of visits as low as possible, however we are asking for contributions of **£12.56**. This price includes a ticket for the museum and also a tram ticket.

**The deadline for this payment to be paid and the consent form to be returned to the school office is Friday 10<sup>th</sup> December 2021.** Please pay via the My Ed App and let the office staff know if you are having any difficulties.

On the day, children should wear normal school uniform and will need a packed lunch, no nuts, fizzy drinks or glass bottles please. **However, if your child is eligible for free school meals, a packed lunch will be provided by the School.**

We are looking forward to a great day!

Miss Moody  
Class 6 Teacher

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To School Office, St. Patrick's Catholic Primary & Nursery School, Wilford

**CLASS 6 : NOTTINGHAM JUSTICE MUSEUM, THURSDAY 6<sup>th</sup> JANUARY 2022**

I have paid £12.56 via the My Ed App. ☐

I confirm that my child's medical information and contact details held by school is up to date. ☐

Signed \_\_\_\_\_ Parent of \_\_\_\_\_ (Child's name)



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



**1. CONSENT FOR PARTICIPATION IN THE VISIT:**

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy – Class 6**

Visit to: **National Justice Museum, Nottingham**

Date(s) / Times: **Thursday 6<sup>th</sup> January 2022**

**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**