



**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

23.11.21

Dear Parents/Carers,

**FOUNDATION STAGE - TRIP TO MANOR FARM, TUESDAY 7<sup>TH</sup> DECEMBER 2021**

In Foundation Stage this term our topic is 'Celebrations'. One of the celebrations we will look at is the celebration of Christmas. To support our children's understanding we will be taking them on a trip to Manor Farm Park and Woodlands, East Leake for Christmas themed activities. The trip will take place on **Tuesday 7<sup>th</sup> December**, we will need all children to be punctual to ensure we leave on time and we will return for the usual end of day dismissal time.

Thanks to funds raised in the past by the PFA the cost of this trip will be just £7.43. Unfortunately, if we do not collect enough contributions we will not be able to run this educational experience. **Please can you return all, reply slips and consent forms and make the payment via the My Ed App by Thursday 2<sup>nd</sup> December (if you need help using the payment app please ring the school office).** This gives us an opportunity to cancel the visit without penalty and for the provider to seek alternative schools if that were to be needed.

If your child has a morning only place in Nursery, we are happy to take them for the full day. However, if you wish them to only attend a morning session you will need to collect them from Manor Farm at 11:45am (please ask staff for the postcode and address). Please tick the appropriate box on the reply slip below. If you do not want them to be part of the trip then there will be no nursery provision for them on this day.

Reception class children will be provided with a lunch from the school kitchen, if would prefer to send a packed lunch from home, please contact the school office. **ALL** nursery children will need to bring their own packed lunch on the day – a reminder will be sent out nearer the time. Children will need to bring a water bottles with them.

Children must wear wellies and appropriate wet weather clothing (waterproof coats and trousers if possible).

Kind regards and thanks as always for your continued support

Mrs Cannell  
Foundation Stage 2 Teacher

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

**FOUNDATION STAGE - TRIP TO MANOR FARM, TUESDAY 7<sup>TH</sup> DECEMBER 2021**

I wish my child \_\_\_\_\_ to attend the trip to Manor Farm ☐

I paid £7.43 for the trip via the My Ed App ☐

**NURSERY CHILDREN ONLY:**

I would like my child \_\_\_\_\_ to attend the full day at Manor farm ☐

I will collect my child \_\_\_\_\_ at 11:45am from Manor Farm ☐

Signed \_\_\_\_\_ Parent of \_\_\_\_\_



## **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 – Foundation Stage**

Visit to: **Visit to Manor Farm and Woodlands, East Leake**

Date(s) / Times: **Tuesday 7<sup>th</sup> December 2021**

**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**