



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

Thursday 23rd June 2022

Dear Parents and Carers,

Nottingham Castle Educational Visit

In year 3, the children will be starting off their year learning about the legend that is Robin Hood. We have booked an exciting trip to Nottingham Castle on 15th September to start off their topic with a great adventure. As part of the day, we'll learn about the legend of Robin Hood at the Castle's new Robin Hood experience, discover the hidden caves under the Castle and learn more about why Robin stole from the rich and gave to the poor in Medieval times. We will also get to tour the Castle's art gallery to learn about the different landscape paintings they display to support our art learning this term.

As the trip will be so close to the start of term, we are collecting the consent forms and parental contributions this term. We believe that this experience is a fantastic enrichment opportunity for all of our pupils and supports our aim to provide a broad curriculum. We have already subsidised the price of the trip from the school educational visits budget and we ask for a voluntary contribution from parents of just £7.07 each, which includes entry to the castle, caves, art gallery and Robin Hood workshop as well as transport to and from Nottingham Castle on the tram.

We understand the current financial climate is challenging for parents and schools so really appreciate your contribution to any trips or visits. Unfortunately, if we do not collect enough contributions from parents to top up the school contribution, we will not be able to take the children on this enrichment experience. **Please can you make your voluntary contribution on Arbor and return the consent form by Friday 8th July 2022.** 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.

On the day, please provide your child with a packed lunch (no glass bottles or fizzy drinks). However, if your child is eligible for free school meals, a packed lunch will be provided by the school, please still you will need to provide them with a drink.

Kind Regards,

Miss Dexter-Eyre
Year 3 class teacher



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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: **Nottingham Castle**

Details Activities to be undertaken: **Robin Hood gallery, cave tour, Robin Hood workshop & art gallery tour**

Date(s) / Times: **9:00 – 3:30 on Thursday 15th September 2022**

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 behaviour 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