



**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**

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Headteacher: Mrs T Lane

Wednesday 22<sup>nd</sup> June 2022

Dear Parents and Carers,

**Beaumanor Hall Educational Visit**

We are very excited to inform you that your child will be 'evacuated' on Friday 9<sup>th</sup> September 2022 as part of their history learning!

To kickstart their first History topic in the new school year, World War II, Year 5 will be visiting Beaumanor Hall as an 'evacuee'. The children will take part in a day acting out the events that children of their age would have experienced in World War II. The children will be evacuated to Beaumanor hall, discover the rations they would have had, take part in home front activities (such as digging for victory) and even get the chance to decode messages from Nazi Germany in the war offices.

We believe that this experience is a fantastic learning opportunity for all of our pupils and supports our aim to provide a broad curriculum based on real experiences. We ask for voluntary contributions towards the trip of **£18.17** per pupil. This cost includes a contribution from the school budget for enrichment activities that has reduced the cost for each child.

Unfortunately, if we do not collect enough contributions we will not be able to run this enrichment experience. **Please make your £18.17 contribution via Arbor by Friday 8<sup>th</sup> July, completed OV4 consent forms should also be returned to school by Friday 8<sup>th</sup> July 2022.** If you have any difficulties using this payment system please speak to the admin team in the school office and they will be happy to support you.

Your child will also need 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 but you will need to provide them with a drink please.

To help create an immersive day, we would like the children to come in World War II appropriate outfits and if they would like to go for the full experience they could also have a WWII themed lunch. We don't want you to go to any further expense so there is no need to buy a costume, from the pictures to the right you will see they can probably wear items of clothing they may already have.



When we have taken classes on this day previously, they have had an unforgettable day and thoroughly enjoyed the experience.

Kind Regards,

Mr King  
Year 5 Teacher



# 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: **Beaumanor Hall**

Details Activities to be undertaken: **Various historical studies**

Date(s) / Times: **9:00 – 3:15 on Friday 9<sup>th</sup> 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**