



**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

Thursday 24<sup>th</sup> November 2022

Dear Parents and Carers,

### **Year 3 - Creswell Craggs Educational Visit**

In the New Year, we will be kick-starting our new "Stone Age and Iron Age" topic in Year 3 with an exciting trip to the Stone Age visitor centre at Creswell Craggs. The trip will take place on **Monday 9<sup>th</sup> January 2023** and the children will be able to explore the caves at Creswell Craggs to see how Stone Age people actually lived. In addition, we'll be participating in a Survival Skills workshop to see if we could have survived in the Stone Age and we'll explore the different animals that lived in Britain thousands of years ago by examining their bones.

As the trip will be so close to the start of term, we are collecting the consent forms and money this term. We believe that this experience is a fantastic learning opportunity for all of our pupils and supports our aim to provide a broad curriculum.

As school are covering the cost of transport and are further subsidising this trip for all students, the cost of this experience for each child will be **£3.70**. Unfortunately, if we do not collect enough contributions we will not be able to run this educational experience. Payments should be made via Arbor.

**Please can you make all payments and return the consent form to school by Friday 2<sup>nd</sup> December 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.

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.

Kind regards,

Miss Dexter-Eyre  
Year 3 Class Teacher

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

### **Year 3 Creswell Craggs Educational Trip**

I will be making a voluntary contribution of £3.70

☐

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



# 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: **Year 3 Visit to Creswell Craggs**

Details Activities to be undertaken: **Various activities**

Date(s) / Times: **9:00 – 3:15 on Monday 9<sup>th</sup> January 2023**

**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**