St Patrick's
Catholic Voluntary Academy

ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
Coronation Avenue, Wilford, Nottingham NG11 7AB
☎ 0115 9152961
Email: admin@st-patricks.nottingham.sch.uk
Website: www.st-patricks.nottingham.sch.uk

Headteacher: Miss Luisa Ferrara

OUR LADY OF LOURDES
CATHOLIC MULTI-ACADEMY TRUST

19.4.23

Dear Parents/Carers,

Year 5 National Space Centre Educational Visit

We are excited to inform you that your child will be blasting off into space next term! Year 5 will be visiting the National Space Centre in Leicester on Monday 22nd May as part of our new Science topic, "Earth and Space".

At the Space Centre, the children will have the opportunity to explore the different galleries, learning about our place in the Solar System, the realities of space travel and the ways in which we continue to explore our galaxy. We will also experience a session led by an expert in the Sir Patrick Moore Planetarium and see a space rocket up close in the Space Centre's Rocket Tower. This is a brand new trip for St Patrick's children and I am excited for the children to have this amazing learning opportunity to support their Science learning next term.

Your child will need to bring a packed lunch (no glass bottles or fizzy drinks) with them on the trip day. 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.

In recognition of the positive impact this experience will have on the children's learning and in light of the cost of living crisis that is affecting everyone, we have decided that this workshop will be funded fully by school. There will be no voluntary contributions required from families to support this trip. This will enable everyone to participate and benefit from a rich, valuable learning experience delivered by experts during the Pentecost term.

Please complete the attached consent form and return it to the school office by Wednesday 3rd May 2023.

Kind Regards

Mr King
Year 5 Class Teacher

ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY

OUR LADY OF LOURDES
CATHOLIC MULTI-ACADEMY TRUST

OV4 CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE

1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group:	**St Patrick's Catholic Voluntary Academy – Year 5**
Visit to:	**National Space Centre in Leicester**
Details Activities to be undertaken:	**Various activities relating to the solar system, space travel, session in the planetarium and viewing a space rocket**
Date(s) / Times:	**Monday 22nd May 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