



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: Miss L Ferrara

Wednesday 8th March 2023

Year 6 Residential

Dear Parents/Carers,

We are excited to announce that this year's residential for Year 6 will be at Colwick Adventure Park from **Monday 15th May – Tuesday 16th May**. During our stay, we will be taking part in adventurous activities such as rafting, climbing high ropes, den building and finishing off the day toasting marshmallows around a campfire! We will be camping in tents, which will be provided by Colwick Park. We will be leaving school at 10am on Monday morning and returning to school for around 2:30pm on Tuesday. A cooked meal, breakfast and lunch the next day will all be provided.

In recognition of the positive impact this experience will have on the children and in light of the current cost of living crisis, we are pleased to tell you that the cost of the residential will be fully funded by school.

There will be a parents meeting on **Tuesday 14th March straight after school** in the hall for around 15 minutes, where I will outline the details of the visit for you and you will have the opportunity to ask any questions. Nearer the time, you will also receive a 'kit list' with information on what the children need to bring with them.

We would be grateful if you could please complete and return the below slip and additional consent forms as soon as possible, but **no later than Friday 31st March**.

Thankyou,
Miss Moody
(Year 6 Teacher).

Year 6 Residential to Colwick Adventure Park, May 2023
Please return this slip by Friday 31st March

I **would** like my child (Name) to take part in the Colwick Park Residential Trip from 15th- 16th May 2023

I **would not** like my child (Name) to take part in the Colwick Park Residential Trip from 15th- 16th May 2023

Signed: Date:



Declaration of Consent

Informed consent is compulsory for all participants and it is the group leaders responsibility to obtain this consent, information of any specific requirements and emergency contact information from parents/guardians of those under 18.

This consent form is an example you may wish to use. If using this form, those under 18 years old must have this form completed by a parent / guardian. N.B. (16-17 year olds can complete their own form if they are not under parental guidance or a legal guardian's control).

Consent forms will ONLY be retained/copied in the event of an incident or accident.

Further information can be found on SOLAR'S Short Form Privacy Notice and Nottingham City Councils' Full Privacy Notice, both of which can be found on our website: www.character-uk.org

Name of Participant: _____ Age: _____

Date of Birth: _____ Address: _____

Does your child; have a disability or illness, which we may need to consider? (please mark the appropriate box)

Hearing Difficulties	Hidden e.g. Epilepsy	Learning Disability
Visual Impairment	Special Mobility Needs	Multiple Disabilities
Restricted Mobility	Allergies	Other

If none of the above options are applicable, please specify: _____

To the best of your knowledge is your child allergic to any medication?
If so, please specify:

Have they had a tetanus injection in the last 5 years? Yes / No (please circle)

What is the name and address of your family doctor:

Name: _____ Telephone No: _____

Address: _____

If there is any other relevant information that you wish to provide regarding medical conditions, allergies, night time tendencies etc, please specify here:

Please Tick

I have read and understood the above and agree to my child taking part in activities with Nottingham City Council's Adventure Team.

☐

I understand what activities my child will be participating in and that these cannot be entirely risk free but that Nottingham City Council have measures in place to minimise the risk of significant harm.

☐

I acknowledge the need for responsible behaviour on their part including listening to safety briefings and following instructions. I am also aware that some activities may involve remote supervision.

☐

In the event of an emergency I agree to my child receiving medical treatment, including anaesthetic as considered necessary by the medical authorities present.

☐

Print Name: _____ Relationship: _____

Address (if different from above): _____

Daytime Telephone Number: _____

Evening Telephone Number: _____

Mobile Telephone Number: _____

Please specify an additional emergency contact.

Print Name: _____ Relationship: _____

Contact Telephone Number: _____

Signed: _____ Date: _____

USEFUL INFORMATION

- Water bottle / packed lunch if participating in a full day event.
- Please dress for the weather – sunhat, cap, sun cream, raincoat, boots, hat, gloves etc!
- Please wear old clothes that you don't mind getting wet / dirty.
- If taking part in a water based activity, please bring:
 - Spare change of clothes
 - A spare pair of old trainers (that you don't mind getting wet!).
 - Towel



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 – Year 6

Visit to: Colwick Park Adventure Park, Colwick Country Park,
Nottingham NG4 2DW

Details Activities to be undertaken: Various activities, rafting, climbing high ropes, den building,
camping in tents and campfire

Date(s) / Times: Monday 15th May to Tuesday 16th 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