



**St Patrick's**  
Catholic Voluntary Academy

**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**  
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**Headteacher:** Miss Ferrara



6<sup>th</sup> November 2023

Dear Parents and Carers

### **Cathedral Carol Service**

Thank you for supporting your child and the school to attend the carol service at the cathedral on Tuesday 12<sup>th</sup> December 2023. The children will be taken straight to the cathedral by coach on the day. You are welcome to join us at the cathedral at 6pm but we understand if you can't make the carol service.

**Please collect your child from the cathedral no later than 7pm on Tuesday 12<sup>th</sup> December**

*Please provide your child with a packed snack & drink to eat at the cathedral, no glass bottles or fizzy drinks please.*

### **Details of the Carol Service**

**Uniform** – as the children will be leaving school during the afternoon session, we would ask please that children remain in their school uniform for the Carol Service.

#### **Timetable**

2.45pm	Coach arrives at school to collect the children.
3pm	Arrive at the Cathedral Hall and begin rehearsal
4:30 – 5:45pm	Children have their packed snack/drink in the Hall
5:45pm	Return to places in the Cathedral
6:00pm	Carol Service begins
7:00pm	After the service you will be able to collect your child directly from their teachers in the Cathedral garden (next to the Cathedral Hall off Wellington Circus) which will be roughly 7pm.

In order to ensure greater safety, we shall have school pick up zones in the Cathedral Garden to avoid large crowds.

Kind regards,

Mr King and Miss Sutton  
Class Teachers Years 3 & 4



# 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: **Nottingham Cathedral Schools Choir Carol Concert**

Details Activities to be undertaken: **Singing as part of the Schools Choir Carol Concert**

Date(s) / Times: **2:40pm – 7:00pm on Tuesday 12<sup>th</sup> December 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 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.

### 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**