



St Patrick's
Catholic Voluntary Academy

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

19th February 2024

Dear Parents/Carers

Year 5 Discovery Day at the University of Nottingham's David Ross Sports Village

Year 5 will be visiting the University of Nottingham's David Ross Sports Village for the full school day on Monday 4th March 2024. During this visit, we will be undertaking an orienteering activity and using the climbing wall. We will also welcome staff from the University to our school before and after the visit as part of their raising aspirations programme.

Pupils will leave school after registration and travel to the University by tram, they will be back at school in time to go home at the normal time. We are pleased to let you know that school will be covering the cost of the tram ticket.

Children will need a packed lunch, no nuts, fizzy drinks or glass bottles please. However, if your child is eligible for free school meals, a packed lunch will be provided by school.

Please complete the attached consent form and return it to school no later than Monday 26th February 2024 - children will not be able to go on the trip if this form is not returned.

Kind regards

Mrs Pirie
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: **Year 5 visit to University of Nottingham, Beeston Lane,
Lenton Abbey, Nottingham NG9 2RZ**

Details Activities to be undertaken: **Discovery Day - various activities**

Date(s) / Times: **Monday 4th March 2024**

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: _____

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