



**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

4<sup>th</sup> March 2024

Dear Parents/Carers of Year 6 Children,

St Patrick's school have once again been asked to lead parts of the St Patrick's Day Mass led by Bishop Patrick, which this year will be celebrated at St Barnabas Cathedral, North Circus Street, Nottingham NG1 5AE. We are delighted to ask Year 6 pupils to represent St Patrick's School on this very special occasion.

Due to the nature of St Patrick's Day falling on a weekend, the Mass will be taking place on **Saturday 16<sup>th</sup> March**. Children are asked to arrive at the Cathedral for **9.45am**, with Mass beginning at 10.

If your child is able to attend, we ask that they **wear school uniform** and meet us at the Cathedral entrance at 9:45. Mass will finish at around 11 am and pupils will be ready to be collected at **11.15am** from the **Cathedral garden**.

We hope to represent the school with as many Year 6 children as possible.

Siblings and family members are warmly welcomed to attend Mass. At this stage, we ask that if siblings attend, they sit and are fully supervised by a parent/carer who also attends the Mass.

If your child will be attending the Mass, please complete and return the slip below along with the OV4 form attached to school by Monday 11<sup>th</sup> March 2024.

This is an exciting opportunity for Year 6 to represent the school in their final year and we look forward to celebrating Mass on this date.

With thanks

Mrs Cannell, Miss Lane and Miss Moody

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To School Office, St. Patrick's Catholic Voluntary Academy, Wilford

**YEAR 6 – ST PATRICK'S DAY MASS, SATURDAY 16<sup>TH</sup> MARCH 2024**

My child will be attending the St Patrick's Day Mass

☐

I will collect my child at 11.15am from the Cathedral garden

☐

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 6 – St Patrick's Day Mass at St Barnabas Cathedral,  
North Circus Street, Nottingham NG1 5AE**

Details Activities to be undertaken: **Attending Mass**

Date(s) / Times: **Saturday 16<sup>th</sup> 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**