

Headteacher: Miss L Ferrara

21st June 2024

Dear Parents/Carers,

FOUNDATION STAGE - TRIP TO MANOR FARM 2024

We are very excited to share with you that Foundation Stage are going on a class trip to **Manor Farm on 18th July 2024**. This is a chance for your child to undertake activities to further support their learning in our World topic for RE.

In order to make the most of the day, we will be leaving school at 9.00am promptly so please ensure your child is in school by 8:45 to give staff time to register and undertake necessary pre-trip prep. We will arrive back in time for the end of the school day.

There is no cost for this trip as it is funded by school.

If your child has a morning only place in Nursery, we are happy to take them for the full day. If you do not want them to be part of the trip then there will be no nursery provision for them on this day - Nursery will be closed.

Reception class children will be provided with a lunch from the school kitchen, if would prefer to send a packed lunch from home, please tick the box below. Nursery children eligible for free school meals will be provided with a packed lunch. If you do send your child with a packed lunch please do **NOT** send any glass bottles or fizzy drinks. Staff will provide water for the children over the day.

On the day your child will need to wear school uniform but should come prepared for the weather conditions on the day. Sun hats and sun cream for a hot day and raincoat plus suitable outdoor shoes if it is wet.

Please complete the attached consent form and return it to school along with the slip below by Friday 28th June 2024.

Kind regards and thanks as always for your continued support.

Mrs Cannell
EYFS Phase Lead

✂ _____

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

FOUNDATION STAGE - TRIP TO MANOR FARM 2024

I wish my child to attend the trip to Manor Farm Park

☐

My child would like a school packed lunch

☐

I will send a packed lunch from home for my child

☐

NURSERY CHILDREN ONLY:

I would like my child _____ to attend the full day at Manor farm ☐

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 – Foundation Stage**

Visit to: **Manor Farm, Castle Hill, East Leake, Loughborough LE12 6LU**

Details/Activities to be undertaken: **Seeing a range of animals in their different habitats and taking part in activities such as soft play**

Date(s) / Times: **Thursday 18th July 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