



St Patrick's
Catholic Voluntary Academy

ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
Coronation Avenue, Wilford, Nottingham NG11 7AB
☎ 0115 9152961
Email: admin@st-patricks.nottingham.sch.uk
Website: www.st-patricks.nottingham.sch.uk



**OUR LADY
OF LOURDES**

CATHOLIC MULTI-ACADEMY TRUST

Headteacher: Miss L Ferrara

21st June 2024

Dear Parents/Carers,

YEAR 2 - TRIP TO TWYCROSS ZOO ON WEDNESDAY 10TH JULY 2024

We are very excited to share with you that Year 2 are going on a class trip to **Twycross Zoo on Wednesday 10th July 2024**. This is a chance for your child to see a range of animals in their different habitats and understand the importance of protecting them. This will be to support our sustainability topic in science.

In order to make the most of the day, we will be leaving school at 9:00 am so your **child will need to be in school by 8:30am** to allow for instructions and gathering our things.

There is no cost for this trip.

Children will be provided with a lunch from the school kitchen (egg, ham or cheese sandwiches). If you choose to send your child with a packed lunch, please do **NOT** send any glass bottles, fizzy drinks or food containing nuts. 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 cagoule 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 Wednesday 26th June 2024.

Kind regards and thanks as always for your continued support.

Mr Ward
Year 2 Teacher

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

YEAR 2 - TRIP TO TWYCROSS ZOO ON WEDNESDAY 10TH JULY 2024

I wish my child to attend the trip to Twycross Zoo

☐

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: **Twycross Zoo**

Details Activities to be undertaken: **Seeing a range of animals in their different habitats**

Date(s) / Times: **Wednesday 10th 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.

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