St Patrick's
Catholic Voluntary Academy

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

OUR LADY OF LOURDES
CATHOLIC MULTI-ACADEMY TRUST

23rd January 2025

Dear Parents and Carers

Year 1 – Sherwood Forest Trip

Our next topic after half term is the history of Robin Hood and Sherwood Forest and we will be going on a class trip to Sherwood Forest on **Thursday 13th February**. This is a chance for your child to see Sherwood Forest and experience how Robin Hood lived in the past. We will also have a talk from 'Maid Marian' telling us all about her experience in medieval times. The children will also get a tour around Sherwood Forest and will learn all about animal homes ready for our science topic on animals. More details will be sent home closer to the time

School has worked hard to fund previous trips and ensure children have the opportunity for local visits through the year. Due to increasing transport and entrance costs, for this visit we will be asking for a **£5 donation**. **Please note that without this contribution from all children, the visit may not be able to go ahead. Payment should be made via Arbor and needs to be paid by Monday 10th February, please contact the school office if you wish to discuss possible payment options.**

This trip is a great opportunity to begin your child's learning about Robin Hood with a real-life experience. In order to make most of the day, we will be leaving school as 8:45am. Your child **must** be in school by this time. We will arrive back in time for the end of the school day. A packed lunch will be provided from the school kitchen, however, if would prefer to send a packed lunch from home, please tick the box below. If you do send your child with a packed lunch please do **NOT** send any glass bottles or fizzy drinks.

Please fill in the attached consent form and return it, along with the slip below, to the school office by **Monday 3rd February 2025.**

Kind regards

Miss Elton
Year 1 Teacher

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

YEAR 1 – SHERWOOD FOREST TRIP ON THURSDAY 13TH FEBRUARY 2025

My child would like a school packed lunch ☐

I will send a packed lunch from home for my child ☐

Signed _____ Parent of _____

ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY

OUR LADY OF LOURDES CATHOLIC MULTI-ACADEMY TRUST

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 1 Trip to Sherwood Forest**

Details Activities to be undertaken: **Various activities**

Date(s) / Times: **8.45am – 3.15pm on Thursday 13th February 2025**

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