



St Patrick's
Catholic Voluntary Academy

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

Monday 24th February 2025

Dear Parents/Carers,

Year 5 National Space Centre Educational Visit

We are excited to inform you that Year 5 will be visiting the National Space Centre in Leicester on **Thursday 1st May 2025** as part of our new Science topic, "Earth and Space".

At the Space Centre, the children will have the opportunity to explore the different galleries, learning about our place in the Solar System, the realities of space travel and the ways in which we continue to explore our galaxy. We will also experience a session led by an expert in the Sir Patrick Moore Planetarium and see a space rocket up close in the Space Centre's Rocket Tower. Last year's Year 5 really enjoyed this trip and I am excited for our class to have this amazing opportunity to support their science learning.

Your child will need to bring a packed lunch (no glass bottles or fizzy drinks) with them on the trip day. However, if your child is eligible for free school meals, a packed lunch will be provided by school but you will need to provide them with a drink please.

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 **£7.50 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 Friday 4th April, please contact the school office if you wish to discuss possible payment options.**

Please return the attached consent form by Monday 10th March 2025 to ensure your child is able to take part in this exciting trip.

Kind regards

Mrs Pirie

Year 5 Class 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 National Space Centre, Leicester**

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

Date(s) / Times: **Thursday 1st May 2025, 9am – 3pm**

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