

**Headteacher:** Miss L Ferrara

8<sup>th</sup> May 2025

Dear Parents and Carers

### **EYFS – Yorkshire Wildlife Trip**

Our topic this term is Animal Antics and we will be going on a class trip to Yorkshire Wildlife Park on **Friday 18<sup>th</sup> July**. This is a chance for your child to see animals they have learnt about in stories and class come to life such as lions, giraffes and polar bears. This kind of real world connection helps spark curiosity, expand vocabulary and reinforce learning.

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 30<sup>th</sup> June, please contact the school office if you wish to discuss possible payment options.**

This trip is a great opportunity to enhance your child's learning. In order to make the most of the day, we will be leaving school as 9.00 am. 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 for Reception children, 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 note that **ALL** Nursery children will need to bring a packed lunch from home.

Please fill in the attached consent form and return it, along with the slip below, to the school office by **Monday 30<sup>th</sup> June 2025**.

Kind regards

Miss Meier & Ms Sarno  
EYFS Teachers

✂-----

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

### **EYFS –Yorkshire Wildlife Park Trip on Friday 18<sup>th</sup> July 2025**

My child would like a school packed lunch (Reception Children only)

☐

I will send a packed lunch from home for my child (Nursery & Reception Children)

☐

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: **Yorkshire Wildlife Park, Doncaster DN9 3QY**

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

Date(s) / Times: **Friday 18<sup>th</sup> July 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**