



**St Patrick's**  
Catholic Voluntary Academy

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

Wednesday 25<sup>th</sup> June 2025

**Year 6 Ice Skating session Friday 4<sup>th</sup> July**

Dear Parents/Carers,

We have a very exciting announcement – Year 6 are being given the opportunity to attend a free ice-skating session at the Motorpoint Arena on Friday 4<sup>th</sup> July!

Children will attend school as normal in their **PE kit** – please also ensure they have **long tracksuit bottoms** (either on or with them in their bag) and **a jacket**, otherwise they will not be allowed on the ice. We also recommend them bringing some thicker socks and gloves if they would like them. We will be leaving school around 9:15am to get onto the tram and arrive for 10am. The session will last 1 hour and we will be back in school for lunch. School will be covering the cost of transport.

For your child to attend, we kindly ask you to sign and return the permission form and the attached consent form by **Monday 30<sup>th</sup> June 2025 latest.**

If you have any further questions, please do not hesitate to come and see me.

Kind regards

Mrs Davis  
Class Teacher

**Year 6 Ice Skating**

I would like my child ..... (name) to attend the free Ice-Skating session on Friday 4<sup>th</sup> July and will ensure they have appropriate clothing to attend.

Signed: ..... Print Name: ..... Date: .....



# ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY

## OV4 CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE

### 1. CONSENT FOR PARTICIPATION IN MULTIPLE VISITS:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy**

Visits to: **Motorpoint Ice Arena in Nottingham**

Activities to be undertaken: **Ice-Skating**

Dates: **Friday 4<sup>th</sup> July 2025**

I agree to my son/daughter: \_\_\_\_\_ (name) taking part in swimming lessons. I acknowledge the need for obedience and responsible behaviour on his/her part.

### 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, asthma, 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.

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