

**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**

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**Headteacher:** Miss L FerraraThursday 18th September 2025

Dear Parents and Carers,

Year 6 Residential – The Briars Catholic Youth Retreat Centre, Matlock, Derbyshire

We are excited to announce that this year's residential for Year 6 will be at the Briars Catholic Youth Centre from Wednesday 1st July – Friday 3rd July 2026. During our stay, we will be taking part in team building activities, planning celebrations of the word and taking part in many other exciting activities. This will be a lovely way to end the year together and a trip that is always thoroughly enjoyed by children.

The cost of the trip is £120.00 per pupil and this price will cover the cost of transport, accommodation, food and all of the activities throughout the trip. School has worked hard with the Trust budget partners to subsidise the cost of this visit in order to make the payment as low as possible.

To help spread the cost of the trip we have set up payment plan. You can however choose to pay more before each date or complete the whole payment in one.

Amount	Date required by	Amount left to pay
£30 Deposit	Friday 17 th October	£90
£18.00	Friday 21 st November	£72
£18.00	Friday 19 th December	£54
£18.00	Friday 23 rd January	£36
£18.00	Friday 27 th February	£18
£18.00	Friday 27 th March	Amount Paid in Full

All payments are non-refundable and the residential trip will only take place if we achieve sufficient numbers.

All payments need to be made via Arbor. If you have any difficulties using Arbor, please speak to the admin team in the school office and they will be happy to support you. **Please return the attached slip and complete the deposit payment by Friday 17th October.**

This is a wonderful experience and we hope you will want your child to participate with their friends. If you have any questions, please do not hesitate to come and speak to me. We will be inviting parents into school nearer the time for a meeting to discuss the trip in further detail.

Kind Regards

Mrs Davis, Year 6 Teacher

Year 6 Residential to the Briars July 2026
Please return this slip by Friday 17th OctoberI **would** like my child (Name) to take part in the Briars Residential Trip from 1st July – 3rd July 2026.

I have completed the £30 deposit payment via Arbor

Please tick ☐I **would not** like my child (Name) to take part in the Briars Residential Trip.

Signed: Date:



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 – Year 6**

Visit to: **The Briars Catholic Youth Retreat Centre, Briars Lane, Crich, Matlock DE4 5BW**

Details Activities to be undertaken: **Team building activities, planning liturgical prayers and many other exciting activities**

Date(s) / Times: **Wednesday 1st July to Friday 3rd July 2026**

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