

Headteacher: Miss L Ferrara

Friday 14th November 2025

Dear Parents/Carers,

Year 6 Trip to National Justice Museum

As part of our introduction to our Crime and Punishment topic after Christmas, Year 6 will be visiting the National Justice Museum on Friday 9th January 2026.

The museum is based at Nottingham's historic courthouse and county gaol. During the visit, pupils will learn about the law and justice system and explore civil or criminal cases in a real courtroom. They will create, prepare and present a trial, taking on roles such as the judge, jury, barristers, witnesses and defendant. Groups will collaborate to reach an outcome or verdict and debate the best sentencing options.

We are pleased to let you know that **school will be covering the full cost of this trip.** This includes a ticket for the museum and also a tram ticket.

On the day, children should wear normal school uniform and will need a packed lunch, **no nuts**, fizzy drinks or glass bottles please. However, if your child is eligible for free school meals, a packed lunch will be provided by school. This trip is always so well received by the children and a fantastic learning experience for them. The trip will take place during the normal school day.

We kindly ask you to complete the consent form below along with the OV4 form and bring this back no later than **Friday 12th December 2025.**

Kind regards

Mrs Davis
Class 6 Teacher

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To School Office, St. Patrick's Catholic Primary & Nursery School, Wilford

Year 6 National Justice Museum Trip

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 – Year 6**

Visit to: **National Justice Museum in Nottingham**

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

Date(s) / Times: **Friday 9th January 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