



**St Patrick's**  
Catholic Voluntary Academy

**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**  
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**Headteacher:** Mrs H Stevenson

17th December 2025

Dear Parents/ Carers,


### **Year 1 – Sherwood Forest Trip**

Our next topic after half term is the history of Robin Hood and Sherwood Forest and we will be going on a class trip to Sherwood Forest on Tuesday 10<sup>th</sup> February 2026. This is a chance for your child to see Sherwood Forest and experience how Robin Hood lived in the past. We will also have a talk from 'Maid Marian' telling us all about her experience in medieval times. The children will also get a tour around Sherwood Forest and will learn all about how they defended themselves in medieval times.

The cost of this trip is £7.50. This trip is a great opportunity to begin the child's learning about Robin Hood with a real-life experience. In order to make most of the day, we will be leaving school at 8:50am. Your child will need to be in school by this time. We will arrive back in time for the end of the school day. A packed lunch will be available from school and more details will be sent home closer to the time.

Please fill in the attached consent form and return it to the school office by **Friday 9<sup>th</sup> January 2026**.

Kind regards

 Miss Elton  
Year 1 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 1 Trip to Sherwood Forest**

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

Date(s) / Times: **8.50 – 3:15 on Tuesday 10<sup>th</sup> February 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: \_\_\_\_\_

If water activities are involved, is your child confident in water? (please circle) **YES / NO / NOT APPLICABLE**

### 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**