



St Patrick's
Catholic Voluntary Academy

ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
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OUR LADY
OF LOURDES

CATHOLIC MULTI-ACADEMY TRUST

Headteacher: Mrs T Lane

22.10.18

Dear Parents,

CLASS 2 - TRIP TO YORKSHIRE WILDLIFE PARK, FRIDAY 16TH NOVEMBER 2018

Class 2 will be visiting Yorkshire Wildlife Park on **FRIDAY 16TH NOVEMBER 2018** as part of the Sensational Safaris topic. This will be a fantastic opportunity for us to explore the lives and habitats of animals outside of the classroom, and give us a really fun day out together!

We will need to leave school at 8.15 am. **Please ensure your child is in school by 8:00 am.** we will return to school before the end of the school day.

As usual, school tries to keep the cost of visits as low as possible and the PFA have kindly subsidised some of the cost of this trip. Their hard work in fundraising has gone towards paying £10.00 per child, however, we are asking for contributions of £11.00 per child to be sent into school together with the reply slip as soon as possible.

If children are unable to attend, then we will not be able to subsidise the trip further, and it will have to be cancelled.

Important Information

If the weather is wet, pupils will need a cagoule plus suitable outdoor shoes and wellington boots in a bag.

As the children in Class 2 receive free school meals, all children will be provided with a packed lunch; if you would prefer to send your child with their own packed lunch (no glass bottles or fizzy drinks), please indicate below. Children may need an extra drink with them, so please provide a water bottle with your child's name on it.

Children who have inhalers or Epi pens must ensure they have them on their person. I will also take the inhalers we hold at school.

Please return the slip below with the attached consent form and payment to the school office by Friday 9th November 2018.

Thank you for your support.

Mr Cross
Class 2 Teacher

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

CLASS 2 - TRIP TO YORKSHIRE WILDLIFE PARK

I enclose £11.00 for the cost of the trip on **FRIDAY 16TH NOVEMBER 2018**

My child would prefer to bring their own packed lunch for the trip

Signed _____ Parent of _____



ST PATRICK'S CATHOLIC VOLUNTARY ACADEMY
CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE



1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy – Class 2**

Visit to: **Trip to Yorkshire Wildlife Park**

Date(s) / Times: **Friday 16 November 2018**

I agree to my son/daughter: _____ **(name)** taking part in the above-mentioned visit. 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 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