



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

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Headteacher: Mrs T Lane

17<sup>th</sup> May 2018

Dear Parents

**CLASS 3 - TRIP TO MAGNA SCIENCE ADVENTURE CENTRE ON TUESDAY 10<sup>TH</sup> JULY 2018**

I am pleased to inform you that as part of our science topic magnets, Year 3 have the opportunity of visiting Magna Science Adventure Centre on **TUESDAY 10<sup>TH</sup> JULY 2018**. During our trip, the children will engage in a 'Magnets Workshop', in which they will discover lots of fascinating facts on the magnets. They will then take part in activities in the four pavilions air, water, fire and earth.

**Children will need to be in school for 8.15 am and be back at school for 3.20 pm.**

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 per child, however, we are asking for contributions of £7.00 per child towards the remaining costs for this trip. Unfortunately, due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

On the day your child will need to wear school uniform but should come prepared for the weather conditions on the day. Warm coat/cagoule plus suitable outdoor shoes as the weather could be wet and cold.

Your child will also need a packed lunch (no glass bottles or fizzy drinks!); please include a mid-morning snack as they will not have access to the school tuck shop. **However, if your child is eligible for free school meals, a packed lunch will be provided by the School but you will need to provide them with a drink. Please provide your child with a small rucksack for them to carry their lunch.**

There is an opportunity to purchase a souvenir bag which will contain an item (key ring, magnet, pen, pencil or notepad etc). If you would like one these need to be ordered in advance and paid for at the time of ordering. The cost of the bag is £2.00.

**Please return the slip below with the attached consent form and payment to the school office by Friday 29<sup>th</sup> June 2018.**

Thank you for your support.

*T. Lane*

Mrs F Baig *PP*

Class 3 Teacher

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

**CLASS 3 - TRIP TO MAGNA SCIENCE ADVENTURE CENTRE ON TUESDAY 10<sup>TH</sup> JULY 2018**

I enclose £7.00 towards the cost of the trip

My child will be at school for **8.15 am on TUESDAY 10<sup>th</sup> JULY 2018**

I enclose £2.00 for a souvenir bag

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 3**

Visit to: **Visit to Magna Science Adventure Centre, Rotherham**

Date(s) / Times: **Tuesday 10<sup>th</sup> July 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