



**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**  
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**Headteacher: Mrs T Lane**

27<sup>th</sup> June 2018

Dear Parents/Carers,

**CLASS 3 – SHERWOOD FOREST, MONDAY 10<sup>TH</sup> SEPTEMBER 2018**

In Year 3 the children will be starting off their year learning about the legend that is Robin Hood! We have booked an exciting trip to Sherwood Forest on the Monday 10<sup>th</sup> September to start their topic with a great adventure. As part of the day we'll have actors to guide us around the forest and talk to us about the legend of Robin Hood, show us his hideouts and explore the Major Oak. We will also get to build dens and hide out in the woods like the outlaw himself.

As the trip will be so close to the start of term, we are collecting the consent forms and booking it this term. The cost of the trip will be £14.85, however, due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

Your child will also need a packed lunch (no glass bottles or fizzy drinks!). **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 could you return the attached consent form, along with the payment to the office by **Monday 16<sup>th</sup> July.**

Kind Regards,

Mrs Slight  
 Deputy Headteacher

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

**CLASS 3 – SHERWOOD FOREST, MONDAY 10<sup>TH</sup> SEPTEMBER 2018**

I enclose **£14.85** for the trip to Sherwood Forest on Monday 10<sup>th</sup> September 2018

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 Sherwood Forest**

Date(s) / Times: **Monday 10<sup>th</sup> September 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