



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

12.11.18

Dear Parents,

**CLASS 3 – VISIT TO CRESWELL CRAGS, DERBYSHIRE
MONDAY 14TH JANUARY 2019**

In the New Year, Year 3 will be studying the Stone Age. As part of this topic, we will be visiting Creswell Crags in Derbyshire on **Monday 14th January 2019**. This trip will provide us with a brilliant introduction to our topic and an amazing experience for the class. We will be learning all about what happened in the Stone Age, how to survive in the Stone Age and have tours of the crags (looking at actual cave paintings).

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 £4.50 per child to be sent into school by Friday 21st December 2018. Due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

We will need to leave school at 8.30 am. **Please ensure your child is in school by 8.00 am,** we will return to school before the end of the school day. This trip will require a lot of walking so we urge that children come to school in school uniform with a warm coat with hood/hat, shoes suitable for being outside and are prepared for the weather conditions on the day.

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 return the slip below with the attached consent form and payment to the school office by Friday 21st December 2018.

Thank you.

C. Crich

Miss Crich
Class 3 Teacher

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

**CLASS 3 – VISIT TO CRESWELL CRAGS, DERBYSHIRE
MONDAY 14TH JANUARY 2019**

I enclose **£4.50** for the trip to Creswell Crags Monday 14th January 2019

My child will be at school for **8.00 am on MONDAY 14TH JANUARY 2019**

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: **Trip to Creswell Crag, Derbyshire**

Date(s) / Times: **Monday 14th January 2019**

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