



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
 Coronation Avenue, Wilford, Nottingham NG11 7AB
 ☎ 0115 9152961 Fax 0115 9152962
 Email: admin@st-patricks.nottingham.sch.uk
 Website: www.st-patricks.nottingham.sch.uk



**OUR LADY
 OF LOURDES**

CATHOLIC MULTI-ACADEMY TRUST

St Patrick's
 Catholic Voluntary Academy

Headteacher: Mrs T Lane

13.11.18

Dear Parents,

**CLASS 3 – VISIT TO THE GERMAN MARKET IN NOTTINGHAM
 WEDNESDAY 21ST NOVEMBER 2018**

Year 3's topic this term is all about German Markets. We will be visiting the German Market in the city centre on **Wednesday 21st November 2018**. This trip will help us gain further knowledge of what is sold and will help feed into our Design and Technology work. Year 3 will be travelling by tram into the Market Square after registration and will return to school for lunch.

As usual school tries to keep the cost of visits as low as possible, however we are asking for contributions of £2.35 per child (to cover the cost of the tram ticket). If your child has a tram season ticket please indicate on the return slip that they will not require a ticket to be bought for them and that they will bring their own season ticket on the day of the trip.

We urge that children come to school with a warm coat with hood/hat, shoes suitable for being outside and are prepared for the weather conditions on the day.

Please return the slip below with the attached consent form and payment to the school office by Friday 16th November 2018.

Thank you for your support.

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 THE GERMAN MARKET IN NOTTINGHAM
 WEDNESDAY 21ST NOVEMBER 2018**

I enclose £2.35 for the tram ticket

or

My child has a tram season ticket and will bring it on the day of 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 3**

Visit to: **Visit to the German Market in Nottingham City Centre**

Date(s) / Times: **Wednesday 21st 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