



**ST. PATRICK'S CATHOLIC PRIMARY & NURSERY  
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



**Headteacher: Mrs T Lane**

05 June 2018

**YEAR 4 VISIT TO NOTTINGHAM UNIVERSITY CAMPUS THURSDAY 14<sup>TH</sup> JUNE 2018**

Dear Parents

As part of our commitment to Health and Sport. Our year 4 pupils have this year been taking part in 'The Magic Bus Project' in partnership with Nottingham University. As part of this we have been invited to participate in a festival held at the David Ross Sports Centre on the University campus.

We will be leaving school at 9.25am and travelling by coach to the Nottingham University campus and returning to school for 12.30 lunchtime.

The aim of the day is to introduce children to a University environment through activities linked to the Magic Bus program. The project is funded directly by the University and therefore we are able to offer this trip **free** to all pupils.

All pupils should have their P.E. kit in school on that day as they will be needed for the activities, pupils without P.E. kits will not be able to leave school for the festival.

Please supply your child with a water bottle and a healthy snack on the day, also please provide a packed lunch and an extra drink (no fizzy drinks or glass bottles). (Children on Free School Meals will be provided with a packed lunch from the School Kitchen).

**Please complete the form below and return to the School Office, together with the the OV4 form by FRIDAY 8<sup>TH</sup> JUNE 2018.**

Kind regards

Mrs Lane  
Headteacher

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School Office

Nottingham University Trip Thursday 14<sup>th</sup> June 2018

I give permission for (Child's name) .....

to take part in the 'Magic Bus' festival.

Signed ..... Parent of .....

Date .....



# 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**

Reason: **To take part in Nottingham University Festival Event, Nottingham University, representing St Patrick's School**

Date(s) / Times: **14<sup>th</sup> June 2018 9.25am to 12.30 lunchtime.**

**I agree to my son/daughter:** \_\_\_\_\_ **(name)** taking part in the above-mentioned activity. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand the extent and limitations of the insurance cover provided.

\*If there are any activities in which your child cannot participate, please give details: \_\_\_\_\_

### 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, night-time tendencies (sleepwalking, nightmares, bed-wetting) 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 of the event