



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

16th May 2018

Dear Parents

CLASS 4 - COLWICK PARK ADVENTURE CENTRE, WEDNESDAY 6TH JUNE 2018

We are very excited to tell you that we have secured a booking for Class 4 to visit Colwick Park Adventure Centre, activities will include canoe rafting and high ropes.

We will be going to Colwick Park on Wednesday 6th June 2018 after registration and will return before the end of the school day, more information will follow about clothing required on the day.

The PFA have kindly subsidised some of the cost of this trip. Their hard work in fundraising has gone towards paying £10 per child thus reducing the cost per child to £14.00; unfortunately, 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 provide your child with a small rucksack for them to carry their lunch.**

If you have any questions or concerns about the trip, please do not hesitate to speak to me or Mrs Slight after school, we are looking forward to a fantastic day out at the end of the school year!

Please return the slip below with the attached consent form and payment to the school office by Friday 25th May 2018.

Any thanks.

Mr Biddulph
 Class 4 Supply Teacher

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

CLASS 4 - TRIP TO COLWICK PARK ADVENTURE PARK – WEDNESDAY 6TH JUNE 2018

I enclose **£14.00** for the trip to Colwick Park Adventure Park on Wednesday 6th June 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 4**

Visit to: **Colwick Park Adventure Centre, River Road, West Lake, Colwick Park, Nottingham NG4 2DW**

Details Activities to be undertaken: **Canoe Rafting and High Ropes**

Date(s) / Times: **Wednesday 6th June 2018**

I agree to my son/daughter: _____ (name) taking part in the above-mentioned visit and agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

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

If water activities are involved, is your child confident in water? (please circle) **YES / NO / NOT APPLICABLE**

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: _____

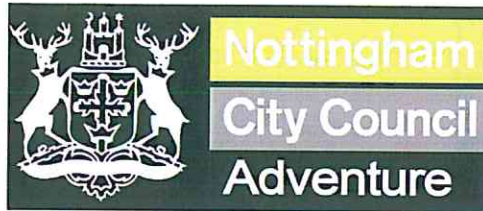
4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian

1 copy to be held by the Establishment
1 copy to be taken by Leader on the visit



Declaration of Consent

All participants must hand a completed consent form to the Adventure Team Staff on the event day, **BEFORE** any activity commences (**not applicable for Transformer Mobile Climbing Wall Hire**). Any young people under 18 years old must have this form completed by a parent / guardian. N.B. (16-17 year olds can complete their own form if they are not under parental guidance or a legal guardian's control)

Some of this information will be held on a database to enable monitoring of our service, please tick here if you do not want us to store your details.

Name of participant..... Date of birth.....

Male / Female (please circle) Age.....

Address.....

.....Postcode.....

Do you, or your son or daughter; have a disability or illness, which we may need to consider (please mark the appropriate box)?

Hearing Difficulties	Hidden e.g. Epilepsy	Learning Disability
Visual Impairment	Special Mobility Needs	Multiple Disabilities
Restricted Mobility	Allergies	Other

If none of the above options are applicable, please specify.....

To the best of your knowledge are you or your son or daughter allergic to any medication? If so, please specify.....

Have you / they had a tetanus injection in the last 5 years? Yes / No (please circle)

What is the name and address of your family doctor?

Name..... Telephone No.....

Address.....

If there is any other relevant information that you wish to provide regarding medical conditions, allergies etc, please specify

.....

I have read and understood the above and agree to myself / son / daughter taking part in activities with Nottingham City Councils - Adventure Activity Team. I acknowledge the need for responsible behaviour on their part including listening to safety briefings and following instructions. I am also aware that some activities may involve remote supervision.

To book a session, please contact Nottingham City Council's College Street Centre
 Tel 0115 947 6202 or Why.Nott@collegest.org.uk
<http://www.nottinghamcity.gov.uk/adventure>



In the event of an emergency I agree to myself / son/ daughter receiving medical treatment, including anaesthetic as considered necessary by the medical authorities present.

Print Name.....Relationship.....

Address (if different from above).....

.....Postcode

Daytime Telephone No.....

Evening Telephone No.....

Mobile Telephone No.....

Please specify an additional emergency contact.

Print Name.....Relationship.....

Contact Telephone No.....

Signed.....Date.....

All participants should bring the following to every activity:

- Wear old clothes
- Spare full change of clothes and a waterproof coat
- Swimming wear (if taking part in a water based activity)
- Towel
- A spare pair of old trainers (that you don't mind getting wet!)
- Refreshments / packed lunch if participating in a full day event. There is no outlet to purchase food onsite.
- A completed consent form