



**ST. PATRICK'S CATHOLIC PRIMARY & NURSERY  
VOLUNTARY ACADEMY**

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Headteacher: Mrs T Lane

27<sup>th</sup> February 2018

Dear Parents,

On WEDNESDAY 7<sup>TH</sup> MARCH 2018, Nursery will be visiting our parish Church of Our Lady and St Patrick in the Meadows as part of our RE topic, *Gathering*. We will be walking to the Church and be accompanied by staff and parents. We will need some parents to accompany us on our trip. If you are able to volunteer to come with us, please speak to Mrs Knott. We will leave school after registration at 9.00 am and be back by 11.30am at the latest.

The children should wear good shoes for walking and have a waterproof coat if possible.

Please complete and return the attached OV4 form for your child.

Yours faithfully,

*A. Knott*

Mrs Knott

Foundation Stage 1 Teacher



# 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**

Visit to: **TAKE WALKS AROUND THE LOCALITY, TO CHURCH AND TO THE BECKET SCHOOL**

Details Activities to be undertaken: **VARIOUS ACTIVITIES TO SUPPORT LEARNING**

Date(s) / Times: From: **27<sup>TH</sup> FEBRUARY 2018**

To: **25<sup>TH</sup> JULY 2018**

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

### 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