



St Patrick's
Catholic Voluntary Academy

ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.
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OUR LADY
OF LOURDES

Headteacher: Mrs T Lane

Tuesday 2nd October 2018

Dear Parents/ Carers,

We have been invited to attend the **Launch Event of the Our Lady of Lourdes CMAT on Tuesday 16th October 2018**. The event will be a celebration of our Trust community, our Catholic identity and the work that we will do together to enrich and nurture our children and young people. We will reflect on our patron, Our Lady of Lourdes, commission our school Chaplaincy Teams and celebrate Mass together which will be said by Bishop Patrick.

Year 5, who include our school chaplaincy team, have been chosen to represent our school at this celebratory event.

The event will take place at Newark Showground and so the coach will be leaving school shortly after 8 a.m. **Please ensure your child is in school by 8:00.** They will need a **packed lunch** unless they are entitled to free school meals (the school kitchen will provide a packed lunch for these children). The bus will be leaving Newark showground at 2:15 and we anticipate our return to school to be by the end of the school day at 3:20

Please complete the reply slip below to confirm your child's attendance as well as the attached OV4 form.

Many thanks and kind regards

Mrs J Cannell
RE Co-Ordinator

OLOL Academy Celebration Mass 16th October 2018

I give permission from my child _____ to attend the OLOL Multi Academy Trust Mass

I give permission for my child's photos to be used on the diocesan and Beinspirational websites to celebrate the mass

Signed _____ 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 – Class 5**

Visit to: **Visit to Newark Showground, OLOL CMAT Launch Mass**

Date(s) / Times: **Tuesday 16th October 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