



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

11th May 2018

Dear Parents

FOUNDATION STAGE 1 - TRIP TO RUSHCLIFFE COUNTRY PARK

Foundation Stage 1 will be visiting Rushcliffe Country Park on **FRIDAY 25th MAY 2018**. During our visit, we will take part in various activities including a ladybird trail, and a Nature Walk. The children will also have the opportunity to use the playground facilities.

The coach will leave school at 9.30 am and be back at 3.00 pm.

As usual, school tries to keep the cost of visits as low as possible, however, we are asking for a contribution of **£2.50** per child towards the cost of the trip and coach to be sent into school with the reply slip as soon as possible. Unfortunately, due to financial restraints if we do not receive sufficient contributions this trip may not go ahead.

On the day of the trip, your child will **NOT** need to wear school uniform. We urge that children come dressed appropriately for outdoor activities and are prepared for the weather conditions on the day.

Children will need a packed lunch - no fizzy drinks or glass bottles.

Please return the slip below with the attached consent form and payment to the school office.

Thank you for your support

Best wishes

Mrs Knott
Foundation Stage 1 Teacher

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 To School Office, St. Patrick's Catholic Voluntary Academy

FOUNDATION STAGE 1 - TRIP TO RUSHCLIFFE COUNTRY PARK

I enclose £2.50 for the cost of the trip on **FRIDAY 25TH MAY 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 – Foundation Stage 1 and 2**

Visit to: **Visit to Rushcliffe Country Park**

Date(s) / Times: **Friday 25th May 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