



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.

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Headteacher: Mrs T Lane

Monday 7th October 2019

Dear Parents and Carers,

University of Nottingham Sports and Nutrition Discovery Day

Next term, Year 3 will be participating in a Sports and Nutrition Discovery Day at the University of Nottingham. This is a fantastic opportunity for the children to learn more about the importance of nutrition, discover new sporting activities (which could include climbing, volleyball or martial arts) and experience visiting a university campus. The children will be tasting different fruits and vegetables and will be able to use the new facilities at the state of the art David Ross Sports Village on the university campus.

To prepare for the trip, we will be collecting the consent forms and a voluntary donation for travel to and from the University this term. We believe that this experience is a fantastic learning opportunity for all of our pupils and supports our aim to provide a broad curriculum. The Discovery Day is being run free of charge by The University of Nottingham, so the only contribution we will need to collect is to cover the cost of transport on the tram. We will be travelling on a group day ticket on the tram and are asking for a £2 voluntary contribution from each child to cover the cost. **Please can you return all payments and reply slips by Friday 18th October.** This gives us an opportunity to cancel the visit without penalty and for the provider to seek alternative schools if that were to be needed.

Children will need to bring their school PE kit to wear during the sporting activities and will also need to bring 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.

Kind Regards,

Mr King
Year 3 Teacher

University of Nottingham Sports and Nutrition Discovery Day

Please return this slip (with you payment) and the attached OV4 consent form to the school office no later than 18/10/19.

I confirm that I give consent for _____ (child's name) to attend the Discovery Day trip on Friday 29th November 2019.

- I enclose £2.00. My child has a tram pass and will use it on 29th November.

Signed: _____

Date: _____



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OV4 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: **University of Nottingham**

Details Activities to be undertaken: **Sports and Nutrition Discovery Day, various sports which may include climbing, volleyball or martial arts.**

Date(s) / Times: **Friday 29th November 2019 (8:30-15:20)**

I agree to my son/daughter: _____(name) taking part in the above-mentioned visit and, having read the information provided, 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. 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: _____

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