



NOTTINGHAM ACADEMY

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EH/TC
22nd January 2018

Dear Parents/Carers

Year 4 Visit to the National Justice Museum

Further to our previous correspondence regarding the year 4 visit to the National Justice Museum and feedback received from parents, we took the decision at the end of last year to postpone the visit which will now take place on **Monday 5th and Wednesday 7th March 2018**.

This visit will help to support our topic of 'Crime and Punishment' the Year 4 children will take part in a range of exciting activities including a re-enactment of real life crimes in the Victorian courtroom and Victorian CSI and prison history. Classes 4 Ash, 4 Sycamore and the children from 5 Sycamore who are in Year 4 will be visiting on Monday 5th March and classes 4 Oak and 4 Willow will be visiting on Wednesday 7th March 2018.

The trip will take place during normal school hours. We will be departing school at approximately 9:30am and we aim to arrive back at school at 2:45pm.

PLEASE NOTE: The children will need a packed lunch on the day of the visit. If your child has a free school meal, then a packed lunch will be provided. In addition to this, it is vital that all children attend in full school uniform.

If you would like your child to take part in this valuable experience, please complete the OV1 form and the consent slip below by **Friday 16th February** and return it to your child's class teacher. The Academy is subsidising a significant proportion of this trip therefore we are only requesting a voluntary contribution of £10.00 to cover the cost of the transport to and from the venue. **Thank you to the parents/carers who have paid for this trip last year. Payments that have already been paid will be carried over towards this trip in March.**

If you would like to volunteer to come and support with this trip then please state this on the reply slip below along with your name and contact number, you will be contacted to arrange this.

If you have any questions about the visit, please do not hesitate to contact a member of the Year 4 Team.

Yours sincerely

Mrs Rawlings, Mrs Yorke, Miss Bartle and Ms Kaur
Year 4 Teachers

Year 4 Visit to the National Justice Museum

I give permission for my child to take part in the visit to the National Justice Museum.

Child's Name _____ Class _____

I have enclosed a £10.00 contribution towards the transport costs

I have already paid £10.00 contribution towards the transport costs

I would like to volunteer to come on the trip: **yes / no (please circle)**

Name _____ Contact Number _____

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The Greenwood Academies Trust is a company limited by guarantee, registered in England and Wales, registered number 06864339. A list of Directors is available for inspection at the registered office, Greenwood House, Private Road No 2, Colwick Quays Business Park, Nottingham NG4 2JY. Further information about us is available at <http://www.greenwoodacademies.org>



GREENWOOD DALE FOUNDATION TRUST

PARENT/CARER CONSENT FORM

Visit to: _____

Activities to be undertaken: _____

Date(s) / Times: From: _____ To: _____

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: _____

I give permission for my son/daughter's name to be included in the collective passport to be held by the group leader: (please circle) **YES / NO / NOT APPLICABLE**

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.

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I give my consent ** for my 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 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/Carer

1 copy to be held by the Academy – left with site office - 1 copy to be taken by Visit Leader

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