



# NOTTINGHAM ACADEMY

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Ref:SH/JC

20<sup>th</sup> September 2017

Dear Parent/Carer

As part of the Adventure theme week, Year 2 will be visiting Colwick Woods next **Wednesday (27<sup>th</sup> September 2017)** to support their learning around the story of 'The Gruffalo'.

We will be going on a walk to find the 'Big Bad Mouse' (a character in the story!) and will also be building a cave shelter for the Gruffalo!

Your child will require a pair of **wellington boots/old trainers** and a **waterproof jacket**.

On the day of the trip, **please send your child in some old clothes** which you don't mind getting muddy or wet depending on the weather! Please could they **bring their school uniform in a labelled bag** so that they can change into them when they get back to school.

In order to make the shelter building successful, we need your support with resourcing the materials. **If you have any old bed sheets, blankets, spare pegs or rope then please could you send them into school** with your child. As always your support is greatly appreciated.

In order for your child to take part in the trip, it is essential that you complete the attached OV4 form and return to school as soon as possible. This provides us with emergency contact details so it **MUST** be completed.

We will be leaving school at 9.30am returning before lunch.

Thank you.

Year 2 Team.

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**YEAR 2- COLWICK WOODS Wednesday 27<sup>th</sup> September 2017**

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

I give permission for my child to attend the trip.

Signed: \_\_\_\_\_(Parent/Carer)

Print Name \_\_\_\_\_

***The Nottingham Academy is part of the Greenwood Dale Foundation Trust group of Academies***





**FORM OV4 - Specific**

**VISIT SPECIFIC - CONFIDENTIAL CONSENT FORM FOR PUPILS**

**1. CONSENT FOR PARTICIPATION IN EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES:**

Name of Academy: Nottingham Academy Primary

Visit to: Colwick Woods

Purpose of the Visit: Adventure theme week

Details Activities to be undertaken: Building a cave shelter

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 school should be aware: **YES / NO**

If **YES**, please give details of anything the school needs to know about in order to 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) Is your son/daughter allergic to any foods or medication: **YES / NO**

If **YES**, please specify: \_\_\_\_\_  
\_\_\_\_\_

e) Please outline any special dietary requirements your child has: \_\_\_\_\_

f) **I undertake** to inform the Academy as soon as possible of any change in my son/daughter's medical or other circumstances.

g) **I agree** to my son/daughter receiving urgent emergency medical treatment during any school visit or activity, 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