



**Arnold Mill Primary
School and Nursery**
☎ 0115 9667930

Dear Parent/Carers of

Year 5 & 6 - National Holocaust Museum

The visit, **on 22nd November 2023**, will provide an engaging opportunity for the children to discover what life was like for Jewish children in Europe during World War 2 and will be an informative way of extending our classroom work in history, geography and R.E. We will have the opportunity to hear a survivor of the Holocaust speak about their experiences and the whole day is an extremely moving and thought-provoking experience.

The trip to The Holocaust Museum will take place during school hours, leaving school at 9.15am and returning by 3.30pm and will cost **£14.00, payable via your child's ParentPay account by 17th November please.** The cost of the trip includes transport and entrance to the museum.

The children will need to be provided with a drink (*not fizzy or glass bottles please*) and a packed lunch for the trip (please confirm whether you will send a home prepared or ordering one from school) one can be ordered from school - please select the relevant option on the Trip Permission Form).

Please complete the enclosed Trip Permission Form and return it to the school office by **1st November.**

On the day the children will need to wear school uniform and may also bring a small amount of money (£5 max.) to spend in the gift shop should you wish, however this will be their responsibility to look after.

There will be lots of other thrilling adventures so keep an eye out for more.

Yours faithfully,

Miss Dibley, Mr Hewlett and Mr Phillips



Year 5 & 6 - National Holocaust Museum

22nd November 2023

Please find enclosed paperwork for the upcoming trip.

Please complete, sign and return:

Document	Return Deadline
Confidential Parental Consent Forms	1 st November 2023
Parental Agreement for School to Administer Medicine - <i>one form per medication please</i>	<p>Please complete and return with the medication (<i>with a spoon or syringe to administer it if required</i>) in a clear sandwich bag with your child's name on it <u>on the day of the trip</u>.</p> <p>If your child has/needs an inhaler please make sure that you send one to school on the day the trip departs.</p> <p>Medication and forms should be handed in between 8.45am and 9.00am on the day of the trip. An adult will need to hand medication in, so please don't leave medication with your child.</p>

Packed Lunch Arrangements

The children will need a packed lunch (all children will need to bring a drink of water in a named water bottle - no fizzy drinks, fruit juices, squash etc. please).

Please confirm whether you would like to order a school packed lunch or you will provide a home prepared packed lunch by completing the details below (delete as necessary).

- ☐ My child would like a school packed lunch - I will pay £2.55 via ParentPay/my child is entitled to free school meals
- ☐ I will provide a home prepared packed lunch

Medication/Inhaler

My child will need medication and/or an inhaler for the trip yes/no

Photos

During the trip we might take photos. Do you give permission for your child's image to be shared with parents/carers. yes/no

Child's Name

Class

Signed _____

CONFIDENTIAL PARENTAL CONSENT FORM (NON RESIDENTIAL TRIP)

1. Consent for participation in the visit

Visit to: **Holocaust Centre**

Date(s)/Times: From: **22nd November 2023**

I agree to ----- 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 that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for pupils to be transported in staff vehicles.

* If there are any activities in which your child cannot participate, please give details:

2. Medical information, declarations and consent

a) Your son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the teacher leading the visit should be aware: **YES/NO**

+ If YES, 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 (please also complete a Parental Agreement for School to Administer Medicine (non-residential) Form for each medication required.

Name of medication

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 endeavour to respond appropriately should emergency treatment be required.

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 teacher 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.

4. Contact numbers

- a) I may be contacted by telephoning the following numbers:

Work:_____ Home:_____ Mobile:_____

My home address is: _____

- b) If I am not available, please contact:

Name:_____ Telephone Numbers:_____

Address: _____

- c) Name, address and telephone number of family doctor:_____

5. Any other relevant information

6. Signature

Date:_____ Signed: _____

Full name (capitals):_____



Parental Agreement for School to Administer Medicine (non residential trip)

Arnold Mill Primary School will not give your child medicine unless you complete and sign this form. If more than one medicine is to be given a separate form should be completed for each one.

1. Childs Name:	<input type="text"/>	2. Class:	<input type="text"/>
3. Name of Medication:	<input type="text"/>		
4. Type of Medication:	<div><input type="checkbox"/> Cream or lotion <input type="checkbox"/> Inhaler & spacer <input type="checkbox"/> Liquid medication (please provide a spoon/syringe) <input type="checkbox"/> Tablets (how many tablets in pack _____) <input type="checkbox"/> Other (please specify) _____</div>		
5. Expiry Date:	<input type="text"/>	6. Batch No:	<input type="text"/>
7. Dose to be given:	<input type="text"/>		
8. Does the medication need to taken on an empty stomach?	Yes * <input type="checkbox"/> No <input type="checkbox"/>		

* If meds need to be taken **on an empty stomach** (before food) the guidance is to take at least two hours after a meal or one hour before a meal.

8b. Please specify time to be taken	<input type="text"/>
9. Date & Time last dose given: (if applicable)	Date: <input type="text"/> Time: <input type="text"/>
Any other instructions? (if applicable)	<input type="text"/>
What is the medication for?	<input type="text"/>
Is the medication in the original box/packaging with full instructions (and a spoon/syringe if one is required)? All prescribed medicine must be in the original container labelled by the pharmacist with the name of the medicine, with full instructions for use and the name of the pupil.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Continued on next page

Record of Medication Use <i>(for completion by Arnold Mill Primary School .</i>	Date: 22 November 2023	Time:
By (name):	Dose administered:	Any side effects?/notes:

Terms and conditions:

1. All prescribed medicine must be in the original container labelled by the pharmacist with the name of the medicine, with full instructions for use and the name of the pupil.
2. Taking medication on an empty stomach means at least two hours after a meal and one hour before a meal. Some of the medications that are required to be taken on an empty stomach include Antihistamines, used to treat allergies, thyroid hormones, and bisphosphonates, used for bone protection. They are taken on an empty stomach because taking them while eating prevents the stomach from absorbing the medication.
3. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
4. A spoon/syringe (where necessary) must be provided.
5. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
6. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example, where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
7. The school will not agree to administer any medication in school without a written request using this form. having first been made.
8. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
9. Requests may need to be discussed with the head teacher or other authorised member of staff before any medicines are sent into school.
10. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
11. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
12. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
13. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
14. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
15. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor note to support/confirm the information given on the request form.

I confirm that the information on this form is, to the best of my knowledge, accurate at the time of writing. By signing this form, I confirm that I have read and understood the notes above and that I give consent to Arnold Mill Primary School to administer the above medication.

Parent/Carer's Name:

Signature:

Contact Number:

Date: