



NUH Youth Service Nottingham Children's Hospital

Queens Medical Centre Campus

Derby Road

Nottingham

NG7 2UH

Tel: 0115 924 9924 ext. 81421 Direct Dial: 0115 970 9421

Email: nuhyouthservice@nuh.nhs.uk Web: www.nuhyouthservice.org.uk

Join us for our Easter Trip to Yorkshire Wildlife Park

On Wednesday 12th April 2023

Meeting at the Monty Hind Centre (Youth Club)

at 8:45am; returning at 6pm.

Cost = £10.00 per person

See the next page for further details...







To register your place, fill out the attached consent form and return it to us no later than Friday 7th April.

For further information, please contact the NUH Youth Service on: 0115 970 9421 or email

us: nuhyouthservice@nuh.nhs.uk

Places are limited so book early so you do not miss out!

Please note that young people accessing hospital services will have the priority for places. For further information, please contact the Youth Service Office.

We do not want to exclude anyone from attending our trips. If you are in a position where you are unable to fund the trip, please contact the Youth Service Office and we will try to arrange a partfunded/funded place.







Parent & Carer Briefing Sheet

	Staff	Role	Contact Numbers:	
1	Donna Hilton	Youth Service Manager	07595 285042	
2	Sian Caulton	Senior Youth Worker	07812 268784	
3	Ben Melling	Youth Development Worker	07595 285041	
4	Claire Alderson	Renal Youth Worker	07812 276104	
5	Michael Horne	Emotional Health Youth Worker	07812 276699	
Centre Details & Meeting times etc.		Yorkshire Wildlife Park, Doncaster. DN9 3HQ http://yorkshirewildlifepark.com Meeting outside Youth Club at 8:45am; returning at 6pm The UK's number 1 walkthrough Wildlife Park		
Activities Undertaken on Trip/Event:		The OK's number 1 waikthrough whalle Park		
What to bring:		 Warm clothing (if cold) A waterproof jacket Suncream (if it is a hot day) A packed lunch or money for food Water bottle Spending money (optional) Please note that any valuables brought along will be the responsibility of the young people and not the staff. Any medication required for the day 		
Other Details:		Please ensure you inform us of any information necessary in order to best support you. Please let us know of any learning disabilities, allergies etc. too. Please note that if you are more than 15 minutes late for the trip, the coach will not be able to wait for you		



Consent Form

Participants Full Name:		Date of Birth:					
Preferred Name:		Pronouns:					
Address and Postcode:							
Contact Details: (Name & Number)							
Emergency Contact: (Name & Number)							
Details of Event/s: (Tick if attending)	orkshire Wildlife Park						
Any details we may hold of yourself or a young person are stored in a secured place and will only be used to ensure the safety and protection of an individual. None of your information is shared with external parties unless it is essential for Health and S afety or Safeguarding purposes.							
Please read and confirm the statements below:							
\square I have read the informa	tion on the visit/activity and consent to taki	ng part.					
☐ I amable to swim a minimum of 50 metres (for water activities only)							
☐ I understand the NUH Youth Service Acceptable Behaviour policy (I.E. Young people will be required to follow staff instructions at all times. Failure to do so will result in not participating in the activity/trip)							
Please tick to consent to the o							
☐ I consent in taking photos/Videos which may be used for presentations, social media and other NUH Hospital publicity.							
☐ I consent to being included in Youth Service WhatsApp Groups.							
Name of Doctor:							
Doctors Address:							
Details of Medical Conditions/Disability/Allergies (Please include any learning difficulties)							
Current Medication:							
Dietary Requirements:							
Other Information that w need to know:	re l						
Name/Signature: (if over 18) Name/Signature of Parent/Car	er:	Date:					

