



Shirley Junior School

Belle Moor Road,
Shirley
Southampton
SO15 5XE

☎ 02380 771434 📠 02380 771434 ✉ office@shirleyschools.co.uk 🌐 www.shirleyjuniorschool.org.uk

10th February 2022

Dear Parent/Carer,

As part of our topic 'Let it Shine' we would like to host a light party and sleepover on Thursday 7th April 2022. This is an exciting and fun opportunity for the children to have time with their friends as well as develop independence of being away from home. The party will be for all children in Year 3 and there will be food and drink provided for the children at the event.

The party will begin at 5:30pm and will finish at 7:30pm. The children can wear clothes of their choosing. We will be playing games, exploring light and telling stories in dark conditions. You can collect your child from the junior school hall at 7:30pm if they choose not to come to the sleepover.

For those remaining for the sleepover the children will need to bring the following:

- Pyjamas and slippers
- Toothbrush and toothpaste
- Sleeping bag and pillow (roll mats if you have them)
- Small hand towel/ wash bag
- Change of underwear (change of clothes if your child wishes)
- Cuddly toy (optional)
- Reading book

Please label all of your child's belongings and put them into an easy to carry bag as they will need to be stored in school the following day. Children are welcome to wear their party clothes for school the following day. If they are not coming to the sleepover, then they may still wear their own clothes to school on Friday 8th April. Children who have slept over will be provided with breakfast in the morning before school.

Please complete and return the slip below by **9:00am on Friday 4th March** if you would like your child to attend the light party or sleepover.

Additionally, please complete the attached yellow medical form for all children wishing to stay for the sleepover; without this your child will not be able to stay overnight. All medicines must be labelled with clear instructions and placed in a named box/ bag which should be brought on the evening and handed to one of the Year 3 teachers.

Yours sincerely,

The Year 3 Team

Year 3 Sleepover and Light Party – Thursday 7th April 2022

Child's Name: in class:

- My child will be attending the **light party only** on Thursday 7th April
- My child would like to attend the sleepover and light party on Thursday 7th April (please complete the yellow forms)
- My child will not be attending either.

Signed: _____ Parent/Carer: _____

Headteacher : Mrs. A Hixon BA Hons NPQH

Deputy Headteacher: Mrs. J Tearle, PGCE





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Special Dietary Requirements for light party **and** breakfast

Name of child: in class:

Please inform us of any requirements below **or indicate if no requirements.**

Please note:

Dairy or egg allergy – Please indicate if they can/cannot eat small amounts in cakes etc.

Requirement/allergy	Other Information	No dietary requirements

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Year 3 Sleepover – Shirley Junior School – 7th April

Personal details

First name of participantSurname

Date of birth Age: male / female (circle)

Address

Post code

Name of next of kin:

Next of kin address during the activity (if different from above)

Post code

Contact no: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for the sleepover

I give consent to the Year 3 SJS sleepover on Thursday 7th April 2022 to Friday 8th April 2022

I confirm that I have parental responsibility for (name)

He/she is in good health and I consider him/her to be capable of taking part in outdoor activities.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed:

Please print name here:

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Educational visit information and medical form Sleepover 2022

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food , plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:
.....
.....
.....

If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):.....
.....
.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed parent/carer:

Please print name here: Date:

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Consent for taking images

During our sleepover we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational purposes.

Yes No

I consent to the images being used on the website

Yes No

Signed parent/carer: Date:

Additional information required: (Does your child have night terrors/special evening routines that teachers need to be aware of/particular morning routines?)

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.....
.....

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