

Shirley Junior

School

Southampton



) 02380 771434 ▲ 02380 771434 ☑ office@shirleyschools.co.uk

www shirleyjuniorschool.org.uk

January 2024

Dear Parent/Carer,

As part of our topic 'Let it Shine' we would like to host a light party and sleepover on Thursday 8th February 2024. 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 9th February. Children who have slept over will be provided with breakfast in the morning before school. If you are able to help with serving breakfast on this day, can you please email the school office office office office occur. We will contact you nearer the time to confirm your help.

Please complete and return the slip below by 9:00am on 22nd January 2024 if you would like your child to attend the light party or sleepover.

Additionally, please complete the attached medical forms 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 S	Sleepover and Light Party – Thursday 8th February 2024	
Child's N	Name: in cla	ss:
	My child will be attending the light party on Thursday 8	th February
	My child would like to attend the sleepover and light party or forms below)	Thursday 8 th February (please complete the
	My child will not be attending either.	
Signed: _ Headtea	:Parent/Carer:eacher : Mrs. A Hixon BA Hons NPQH De	outy Headteacher: Mrs. J Tearle, PGCE







Shirley Junior School Bellemoor Ro Shir Southamp

Shirley Southampton **SO15 5XE**

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Consent for the sleepover 8 th Fel	oruary 2024									
Name of child:	in	class:								
I give consent to the Year 3 SJS sle	eepover on Thursday	8 th February 2024 to Friday 9 th Feb	ruary 2024							
I confirm that I have parenta	I confirm that I have parental responsibility									
He/she is in good health and I cons	sider him/her to be cap	pable of taking part in the activities.								
In the event of illness or accident, I anaesthetics.	consent to any neces	ssary medical treatment, which migh	t include the	use of						
Special Dietary Requirements for	light party and break	kfast								
Please inform us of any requirement	s below or indicate if	no requirements.								
Dairy or egg allergy – Please indicat	e if they can/cannot e	at small amounts in cakes etc.								
Requirement/allergy		Other Information		No dietary requirements						
Personal details										
First name of participant		Surname								
Date of birth Age:		male / female (circle)								
Address										
Post code										
Name of next of kin:										
Next of kin address during the activ	rity (if different from al	oove)								
Post code										
Contact no: Home	Work	cMobile								

Telephone no

Headteacher: Mrs. A Hixon BA Hons NPQH



NHS no (if known)

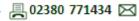
Deputy Headteacher: Mrs. J Tearle, PGCE

Name and address of participant's doctor



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Educational visit information and medical form Sleepover 2024

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	
			Other illness or disability			
Fits, fainting or blackouts	Yes	No		Yes	No	
Severe headaches	Yes	No	Travel sickness	Yes	No	
Diabetes	Yes	No	Regular medication	Yes	No	
•	-		please give details:			
If it is considered necessary, being administered	do you aç	gree to n	nild painkillers (eg: Paracetamol)	Yes	No	
Has the participant received	vaccinatio	n agains	st Tetanus in the last 10 years?	Yes	No	
That the participant receives		aga	or retained in the last re years.	. 00		
Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital?						
Has the participant been given specific medical advice to follow in emergencies?						
			s is Yes, please give details here /tablets):			
aware of/particular morning	routines?)	·	child have night terrors/special evening routines that tea		to be	
			t occurring after the return of this form and prior to the ac		rtake	
Signed parent/carer:						
Please print name here:			Date:			
Consent for taking images						
During our sleepover, we are our own booklets, newsletter			ures and videos. We would like to use these in presentat	ions, display	s or ir	
In the event of any images o	f my child/	me bein	g taken, I consent to them being used			

Headteacher: Mrs. A Hixon BA Hons NPQH Deputy Headteacher: Mrs. J Tearle, PGCE



for educational purposes.

I consent to the images being used on the website



Yes

Yes

Νo

No



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