



Shirley Junior School

Bellemoor Road,
Shirley
Southampton
SO15 5XE

☎ 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@shirleyschools.co.uk. 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 Sleepover and Light Party – Thursday 8th February 2024

Child's Name: in class:

- ☐ My child will be attending the **light party only** on Thursday 8th February
- ☐ My child would like to attend the sleepover and light party on Thursday 8th February (please complete the forms below)
- ☐ 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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Consent for the sleepover 8th February 2024

Name of child: in class:

I give consent to the Year 3 SJS sleepover on Thursday 8th February 2024 to Friday 9th February 2024

☐ I confirm that I have parental responsibility

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

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

Special Dietary Requirements for light party and breakfast

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

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

<u>Requirement/allergy</u>	<u>Other Information</u>	<u>No dietary requirements</u>

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 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)

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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
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):.....

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

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:

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

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