



SHEINTON ROAD
CRESSAGE
SHREWSBURY
SHROPSHIRE SY5 6DH
Telephone Number: 01952 510383

email - Office: admin@christchurch.shropshire.sch.uk
email - Headteacher: head@christchurch.shropshire.sch.uk
website – www.christchurch.shropshire.sch.uk

Mrs K Stokes & Mrs T Cansdale
Co-Headteachers

LEARNING, LISTENING, LIVING

Dear Parents and Carers

We would like to review our emergency contact details and medical information that we hold about children in school to ensure that it is correct and up-to-date and would be grateful if you could fill in the forms attached.

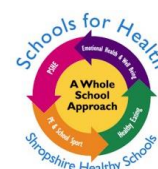
We are also attaching a general consent form. This gives you the opportunity to consent to local trips that happen in school time, such as sports events at William Brookes or another local school, walks up to the church and around the village. We intend to ask you for general permission once every school year. If a walk or sporting event is happening, it will be on either the Parents' curriculum grid sent home for each topic or the Friday Letter. If you have any concerns or questions, please speak to us about an activity. We will still ask for consent for class trips to places further afield but this should make participation in local activities easier.

Please let us know about any medical conditions that are relevant for your child on the medical information form. For those children who we know have asthma, there is also an asthma plan attached and information about the School emergency inhaler. If your child has been prescribed an inhaler or diagnosed with asthma since you last filled in the form, please let us know on the medical form and we will send you an asthma plan.

We have procedures for administering medicine in school which follow NHS and Department for Education guidelines. We are committed to meeting the medical needs of any child in school. We ask parents to fill out a form giving written consent and we need to have the medicine in its packaging and with pharmacy instructions clearly visible. If it is a non-prescribed medicine such as a travel sickness tablet then it needs to be in its proper packaging and we still need written consent. This is both to ensure that we give the correct dosage to your child and also to make sure that the medicine is stored properly and there is no risk of another child taking it by accident (some travel sickness tablets look like sweets). If your child travels by coach or taxi please hand the medicine to the driver who will pass it to us with a medicine form, if it is not possible please write a note with details of dosage and with your consent and put with the packaged medicine into an envelope.

We appreciate your time in filling out these forms, please send them back with your child by Friday 3rd February.

Kim Stokes & Tracey Cansdale



**General Consent for Local Walks and Local Visits and for Food Activities in School
January 2017**

I consent to my child/children (please insert all names if for more than one child)

.....

- Taking part in curriculum based activities organised to take place outside the premises but within the school day eg. Events at William Brookes School, visits to local places of interest, walks to church, around the village, events such as sporting fixtures or author visits at other local primary schools etc.
- Receiving such emergency medical or surgical treatment deemed necessary by a qualified medical practitioner or to first aid being administered if an emergency should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.
- Being offered a piece of fresh fruit or vegetable in school each day to eat at break time as part of the National School Fruit Scheme.
- Taking part in food activities which form part of the school curriculum.
He/She (please cross out the line which does not apply)
a) Can eat a variety of foods
b) Should not eat the following foods (please state reason particularly if it involves allergy):

.....
Other comments:

.....

If you do not consent to any of the above statements above please delete that line before signing below. You can withdraw your consent at any time by writing to the School Office.

Signed: Print Name:

Date:



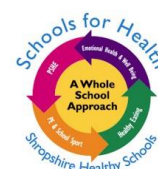
Emergency Contact Details

January 2017

Full name(s) of Child/Children	
Home Address	
Parent(s) Name(s)	<i>Other address if different from above:</i>
Home telephone number	
Mobile Contact number	Name(s) & Number(s)
Work Contact Details	<i>Please let us have the name of your workplace and any extension numbers or information that we will need to efficiently contact you.</i>
Email address	
	Please tick here if you would prefer to receive the Friday Letter by email rather than a paper copy <input type="checkbox"/>

If your child is feeling unwell or there is another reason we urgently need to contact a family member, we always try you first on your home landline, mobile and workplace numbers. There may be circumstances where you are unavailable and so we ask for two further emergency contacts that you give us permission to ring in the case of urgent need.

Emergency Contact 1		Name of GP:
Name:		GP Surgery:
Relationship to Child:		
Contact details:		GP Telephone No:
Emergency Contact 2		GP Surgery Address:
Name:		
Relationship to Child:		
Contact details:		



Medical Information Form

January 2017

Please fill out one form per child

Name of Child:	
Date of Birth:	
Has your child been diagnosed with a medical condition which might have an impact on their time at school?	<p>Yes/No</p> <p><i>If yes please give details and we will be in touch as it may be appropriate to make or update an Individual Health Care plan or a Special Educational Needs and Disability action plan. If your child has been diagnosed with asthma we will make an Asthma plan.</i></p> <p>Medical Condition:</p> <p>Date of Diagnosis:</p> <p>Does your child require regular medication to be given in school?</p> <p>Yes/No</p> <p><i>If yes, please ask the Office for an Administering Medicine Form.</i></p> <p>Information which you would like us to know so that we can support your child:</p>

I give my permission for:

Please put a line through any statements that you do not agree with:
My son/daughter to be given first aid during any on-site or off-site activity
My son/daughter to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity
My son/daughter's information to be shared with the NHS and other relevant health professionals
A member of school staff to sign on my behalf any medical consent forms, if my son/daughter should require emergency treatment and I cannot be contacted
Plasters to be applied to my son/daughter
My son/daughter to use anti-bacterial hand gel
My son/daughter to be assisted in applying sunscreen if necessary

You can withdraw your consent at any time, by informing the office in writing.

Signed:

Date:

