



Queen Eleanor's Church of England Junior School  
*An Academy in the Good Shepherd Trust\**  
Queen Eleanor's Road, Onslow Village, Guildford, GU2 7SD  
Tel: 01483 561323  
e-mail: [office@queeneleanors.goodshepherdtrust.org.uk](mailto:office@queeneleanors.goodshepherdtrust.org.uk)



Headteacher: Roger Blackburn

8<sup>th</sup> September 2017

### **Year 3 Sleepover – Friday 22<sup>nd</sup> September 2017**

Dear Parents/Carers,

We are very pleased and excited to be able to give you details of the planned sleepover for our Year 3 children. It will take place in school and should be a wonderful opportunity for them to forge new friendships and enjoy getting to know us and each other.

Our plan is for the children to arrive in school on Friday 22<sup>nd</sup> September as normal – in school uniform with their normal bags but with everything they need to spend the night here. A kit list is outlined below. Please pack the bag/case with your child so that they are aware of what they have with them and can successfully repack this on their own. We suggest a contents list is attached to the inside of the bag/case to help them.

**We strongly recommend that anything included in your child's case has their name on it to enable us to help them with any lost belongings.**

During Friday afternoon and evening we will embark on a series of teambuilding games and activities, as a whole year group, based in school. You will be able to pick up your child at **8.00am on Saturday morning**.

We will feed the children a simple meal on Friday evening and breakfast on Saturday morning. Please provide any dietary information on the form attached. We are asking for a £3.50 donation to cover the cost of the meals. If you or your child have any concerns please do speak to their class teacher so we can help to reassure you.

If your child has a packed lunch they can bring it in as normal on Friday morning, however, we strongly recommend they have a school dinner. Please remember that the school operates a 'No Nut' policy and we would ask parents to check their child's packed lunch carefully. You can choose to pay for a school dinner for Friday. If your child currently has school dinners, they will just choose as normal. Please indicate your preference on the reply slip on the bottom of the parental consent form. Please can you ensure that both of the attached forms are completed and returned to school no later than **Friday 15<sup>th</sup> September (we will be unable to accept any forms returned after this date). We will be speaking about the sleepover at the Meet the Teacher meeting on Thursday 14<sup>th</sup> September so we can answer any questions or concerns you might have.**

If your child would like to attend the after school activities and evening meal **ONLY**, then please indicate this on the reply slip. Pick up for these children will be at 6.30pm from the main office. These children will need to bring a change of clothes for the after school activities.

Please ensure your child has their swimming kit in school in case we are able to swim.

Kit List:

- Change of clothes and trainers
- A sleeping bag and pillow (and possibly a roll mat for comfort – NO INFLATABLE MATS PLEASE)
- A pair of pyjamas (and slippers if preferred)
- Toothbrush and toothpaste
- A torch
- A teddy
- Contents list
- A reading book
- Clean underwear

Yours sincerely

Year 3 Teachers Miss Hines, Mrs Kearns and Miss Sinclair

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**YEAR 3 SLEEPOVER – MEDICAL/EMERGENCY INFORMATION**

**Friday 22<sup>nd</sup> September 2017**

Please would you kindly complete this form and the parental consent form as soon as possible and return them to school no later than **Friday 15<sup>th</sup> September**, so that we may compile the information we need prior to the sleepover. If you need more space for your answers, please continue on the back page or on a separate sheet of paper.

|   |   |                               |
|---|---|-------------------------------|
| <b>Child's Full Name:</b>   | <b>Class:</b>                             | <b>Home Telephone Number:</b> |
| <b>Date of Birth:</b>   |   |                               |
| <b>Home address:</b>  |   |                               |
| <b>Name &amp; Address of Parent/Guardian and where can be contacted in an emergency during the visit:</b> |   |                               |
| <b>Emergency Contact Telephone Numbers:</b><br><br>DAY<br><br>EVENING<br><br>MOBILE                       |   |                               |
| <b>Name &amp; Address of Doctor:</b>  | <b>Doctor's Telephone Number:</b>         |                               |
| <b>Does your child suffer from any medical conditions or allergies?</b><br><br>YES/NO                     | <b>If yes, please give details below:</b> |                               |
| <b>Is your child currently taking any medication?</b><br><br>YES/NO                                       | <b>If yes, please give details below:</b> |                               |
| <b>Does your child require a special diet?</b><br><br>YES/NO  | <b>If yes, please give details below.</b> |                               |

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| <b><u>YEAR 3 SLEEPOVER – MEDICAL/EMERGENCY INFORMATION (cont'd)</u></b>   |  |  |
|---|--|--|
| <p>Is there anything else we should know about? For example, bed wetting, sleep walking etc.</p> <p style="text-align: center;">YES/NO</p>  | <p>If yes, please specify</p>  |  |
| <p>If your child requires any form of medicine during this visit, including travel sickness pills, epi-pens or if your child suffers from asthma and may need to carry an inhaler with them, please give details opposite:</p> <p>All medicines should be clearly labelled with child's name, exact instructions and given to a member of staff at the beginning of the visit. In the case of inhalers please only give 1 to a member of staff which will be for emergency use only. The other is to be retained on the child at all times.</p> | <p><b>Inhaler</b></p> <p>If needed please ensure you provide <u>2</u> for this activity.</p>           | <p><b>Epi Pen</b></p> <p>If needed please ensure you provide <u>2</u> for this activity.</p> |
|   | <p>Does your child have a birthday during the sleepover?</p> <p style="text-align: center;">YES/NO</p> |  |
| <p>I consent to my son/daughter being given a mild painkiller (e.g., paracetamol) if considered necessary by the party leader.</p>  | <p>YES/NO</p>  |  |
| <p>Does your child have any physical problems which may prevent them joining in the activities? If yes, please specify.</p>   |  |  |

**PLEASE COMPLETE AND RETURN TO SCHOOL NO LATER THAN FRIDAY 15<sup>th</sup> SEPTEMBER**  
 (we will be unable to accept any forms returned after this date)

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 The Education Centre, The Cathedral, Guildford, Surrey GU2 7UP



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**YEAR 3 SLEEPOVER – PARENTAL CONSENT FORM**  
**Friday 22<sup>nd</sup> September 2017**

I wish my son/daughter ..... in class ..... to be allowed to take part in the above mentioned school activity on the date specified and having read the information sheet agree to them taking part in all or any of the activities described therein.

I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

I certify that so far as I am aware my son/daughter is medically fit\* to undertake activities and there are no known health reasons why they should not do so. I authorise medical treatment to be provided should this become necessary during the course of the sleepover.

I understand that those supervising the sleepover are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The Good Shepherd Trust will not be responsible for personal injury or any other damage or loss unless it is negligent.

\*Please give details on the MEDICAL/EMERGENCY INFORMATION form provided if your son/daughter suffers from any medical condition which, whilst not affecting their ability to undertake this sleepover, you consider the Party Leader should be aware of.

My child already has school dinners

My child does not ordinarily have school dinners but I would like my child to have them on Friday 22<sup>nd</sup> September. I enclose £2.25 cash or a cheque made payable to 'Surrey County Council' (with my child's name and class on the reverse).

My child will bring a packed lunch on Friday 22<sup>nd</sup> September. I understand that the contents must be nut-free.

I wish my child to partake in evening activities and the evening meal only . **Pick up at 6.30pm Main Office**

I enclose a voluntary contribution of £3.50 cash or a cheque made payable to 'Queen Eleanor's School Fund'.

Signature of Parent/Guardian ..... Date .....

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