



15<sup>th</sup> April 2024

Dear Parents/Carers,

Year 5 Cartwright Hall trip is nearly upon us, can we please ask that permissions and payments are made by Friday 19<sup>th</sup> April.

They will leave school around 9.30am and return by the end of the day. All children will require a packed lunch, those who are entitled to a Free School Meals can have a packed lunch ordered for them. Please can you ensure that you do not send your child with items of food that contain nuts. Children will also need a drink in a plastic bottle and must come to school in their uniform.

Any medicines required for the journey or whilst at the centre are to be given to a member of staff on arrival in school with a completed medical form and all medicine must be clearly named.

The cost of the visit will be £10.60. The cost of the visit is calculated by dividing the total amount by the number of children in class/year group. Any outstanding money resulting from non-payments is paid for by the school. However, as the school has limited funds to fall back on, we rely on the goodwill of parents/carers to ensure the visit can take place. Otherwise under some circumstances it may be necessary to cancel the visit. Please note all payments are non-refundable. If you are entitled to Free School Meals with Benefits or have been entitled whilst at primary school, you may be able to access funding for this experience. Please come and talk to us. All payments must be made on Parent Pay.

Permission can be taken by school from Parent Pay, you must give this when making the payment for the visit, or you can complete the permission slip and return it back to school no later than Friday 19<sup>th</sup> April 2024 through MyEd.

Kind regards

Miss C Borsos & Mrs Jo O'Malley  
Year 5 Teachers

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**Year 5 Cartwright Hall Visit: Thursday 25<sup>th</sup> April 2024**

Child Name \_\_\_\_\_ Class \_\_\_\_\_

I give permission for my child to attend the Cartwright Hall visit

I do not give permission for my child to attend the Cartwright Hall visit

I will pay £10.60 on Parent Pay

I am entitled to pupil premium for my child

I will provide my child with a packed lunch

My child is entitled to free school meals and I would like school to provide them with a packed lunch

Please choose from the options below:

Bread:                      Filling:                      Special dietary request:  
Brown  White     Tuna  Cheese  Egg                       Gluten Free  Dairy Free

Other \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Carer



**Administration of Medicine in School**

Please note that only essential medication should be administered in school hours.

**If you child has been prescribed an Inhaler and or an Auto Adrenaline Injector, please complete the reverse of this form.**

I confirm that I have checked that it is absolutely essential for medicine to be administered in school.

I give authorisation for staff at school to administer the medicine.

Name of child	Class
Name of medicine/s	
Date of birth	
Reason for medication	
Dosage	
At the following time/s	
Duration	
Signed Parent/Carer	
Date	
Headteacher authorisation	Date:

**For office use:**

Location of medication	
Copy given to class	
Added to CPOMs	



## • **School Emergency Adrenaline Auto- Injection**

The guidance from the Department of Health state that Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

It is imperative that this form is completed as should the situation arise, we are only able to act with immediate effect, using the schools adrenaline auto-injector on your child. In order to do this we **MUST** have to have this in writing and we cannot accept permission verbally from parents/guardians.

If your child has been prescribed an Adrenaline Auto- Injection person we ask that you give your permission for the emergency Adrenaline Auto- Injection to be administered should the occasion arise.

**In the event of my child \_\_\_\_\_ in class \_\_\_\_\_**

**Displaying symptoms of Anaphylaxis and if their Adrenaline Auto- Injection is not available or unusable I give my consent for my child to receive the School Emergency Adrenaline Auto- Injection.**

Parent/Carers Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please click the link to take a look at the Department of Health guidance on the use of adrenaline auto-injectors in school. <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

## • **School Emergency Salbutamol Inhaler**

From 1<sup>st</sup> October 2014 the Human Medicines Regulations 2014 will allow schools to keep a ‘Salbutamol’ inhaler to use in emergencies.

This will be used for any pupil with asthma or who has been prescribed inhaler as a reliever medication.

This can **only** be used if the pupil’s prescribed inhaler is not available.

If your child is on our Asthma Register we ask that you give your permission for the emergency inhaler to be administered should the occasion arise.

**In the event of my child \_\_\_\_\_ in class \_\_\_\_\_**

**Displaying symptoms of asthma and if their inhale is not available or unusable, I give my consent for my child to receive the School ‘Salbutamol’ Emergency Inhaler.**

Parent/Carers Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please click the link to take a look at the Department of Health guidance on the use of emergency Salbutamol inhalers in school. <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>