

office@cottingleyvillageacademy.co.uk www.cottingleyvillageacademy.org.uk

25th April 2024

Dear Parents / Carers

Chester Zoo visit 30th April 2024

We will be leaving school at 8.30am at the latest to allow us plenty of time to explore the zoo. Therefore, please can all children arrive in school for 8.00am to allow us time to register them and give them chance to go to the toilet before we leave. The journey is approximately 2 hours.

Children will need a packed lunch, a drink, their water bottle, and a snack for the afternoon. Those who are entitled to a free school meal can have a packed lunch ordered for them if required. Please can you ensure that you do not send your child with items of food that contain nuts or fizzy drinks.

Children must wear full school uniform and sensible footwear as there will be a lot of walking during the day. Please ensure they also have a coat with them as the weather is very unpredictable at the moment.

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

We aim to be back for 4.30pm. Please ensure that you here to collect your child at this time. If there will be anyone different collecting your child from the trip other than yourself, or your child is going to Care Club, please contact the school office to update with that information.

If there are any delays, a text message will be sent to inform you.

Kind Regards

SMParsons R Illingworth

Mrs Parsons and Miss Illingworth Year 4 Teachers





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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.

For office use:	

Location of medication	
Copy given to class	
Added to CPOMs	





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<u>School Emergency Adrenaline Auto-Injection</u>

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 autoinjectors in school. <u>https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-</u> injectors-in-schools

• School Emergency Salbutamol Inhaler

From 1st 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. <u>https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools</u>

