STRATHEARN SCHOOL

PASTORAL INFORMATION PACK FOR PARENTS / GUARDIANS OF PUPILS IN FORM 2 –U6

(EXISTING PUPILS)

2014-15

Principal: Mr D Manning BSc PGCE, E-Mail: info@strathearn.belfast.ni.sch.uk

188 Belmont Road, Belfast, BT4 2AU Tel: 028 9047 1595, Fax: 028 9065 0555

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STRATHEARN
SCHOOL
BELFAST

September 2014

To Parents of all Form 2 – U6 pupils

PASTORAL/HEALTH INFORMATION

Dear Parent

It is important that our medical and pastoral records and contact details are updated every year.
Once again we have enclosed a letter with information on the services provided by our School Health Nurses and the administration of medication to pupils.
A number of forms are also enclosed in the Appendix which we would ask you to complete and return. All forms should be returned ***in the envelope provided*** to your daughter's Form Tutor by **Monday 22 September 2014**.

1 Pastoral Information Form:
Please let us know about any family health issues or other circumstances which you feel may affect your daughter's progress. This will help us provide her with the appropriate support, if required. Even if you have ***no*** information to pass on please complete the form to indicate this.

If there are any factors concerning your daughter's situation (personal, legal, medical, etc) which might affect her performance at school and which are of a very sensitive nature, please contact Mrs Graham directly.
The School requires a copy of any Court Order affecting the supply of information to those with parental responsibility that is in place for your daughter. This should be placed in an envelope marked CONFIDENTIAL and left 'For the Attention of Mrs Graham', in Reception.

2 Medication Consent and Medical Information Form:
Please complete these forms to keep us up to date with any medical conditions your daughter might have.

3 ParentMail
The majority of parents have already signed up for this service whereby we can communicate with you via email and text message. **If you have not already done so**, or **there are any changes in the contact details** supplied last year, please read the enclosed information letter and complete the Parentmail Data Capture Form.

4 Data Collection Sheets (Contact Details):
Please check the information held on your daughter on the Data Collection Sheet and make any amendments or completions **IN RED INK**.

Our aim is to create an atmosphere of openness and mutual responsibility for the progress and well-being of your daughter. We would encourage you to contact the school at any time during the year, normally in the first instance your daughter's Form tutor, if you wish to add to or amend any of the personal information provided. Please inform the School immediately, in writing, if there is a change of address or contact details.

Yours sincerely

H Graham

H Graham (Mrs)
Vice Principal

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BELFAST

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MEDICATION ADMINISTRATION

To Parents of all Form 2 – U6 pupils

Dear Parent

At Strathearn full time cover in the medical room is provided by our two School Health Nurses: Mrs C Boyd and Mrs E Flynn. This is to ensure high quality care and continuity of service throughout the school day. As part of this service there are a number of points we would like to bring to your attention:

General Information

- **Your daughter should be kept at home for 24 hours if she is acutely unwell or infectious**, e.g., if she is suffering from vomiting/diarrhoea/flu.
- In line with our **policy for the administration of medication in school,** which is available to view in full on our school website (www.strathearn.org.uk), the Board of Governors and staff of Strathearn School wish to ensure that pupils with medication needs receive appropriate care and support at school. There is no legal duty which requires school staff to administer medication – this is a voluntary role which involves providing appropriate treatment / medication if required.
- Prescribed medication will not be accepted in school without complete written and signed instructions from a parent. Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.
- Staff will only give a non prescribed medicine to a child if there is specific prior written permission from the parents. **If pupils receive any medication during the course of the day, a card with this information will be sent home with the pupil**.
- Pupils *must not* leave the school grounds even if feeling unwell. Arrangements to go home must be made through the medical room. Pupils can then be collected from Reception.
- Please ensure all contact numbers are up to date.

Medication Consent Forms

- Please fill in the enclosed Medication Consent form and return it **in the envelope provided** to your daughter's Form Tutor **by Monday 22 September**, otherwise the School Health Nurses will not be permitted to give the appropriate treatment/medication if required.
- Paracetamol is our first choice of pain relief and will be given either as tablets, soluble tablets or suspension. Ibuprofen, however, may be given for period pain or inflammatory conditions, if it is thought to be beneficial.
- Antihistamine or hay fever medication in the form of Cetirizine Hydrochloride (in tablet or syrup form), a non-sedating medication, may be given if it is thought to be beneficial.
- Consent forms will be issued yearly to keep our records up to date.

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Pupil's own medication

Parents may prefer for their daughter to receive alternative medication for pain relief, e.g. Migraleve or Ponstan, or they may need prescribed medication, e.g. antibiotics.

In this case parents will be required to provide a supply of the medicine (clearly labelled and in date) to the School Health Nurses. A covering letter should include the following details:

- *pupil's name, form and date of birth*
- *name of medication and dosage required*
- *under what circumstances the medication should be administered*
- *storage requirements and expiry date*
- *the letter should be signed by the parent/guardian and dated.*

This medication will normally be kept in a locked cupboard in the medical room, unless advised otherwise, and administered when necessary.

Pupils carrying their own medication

We would request that pupils refrain from carrying their own medication in school as:

(i) this may prevent School Health Nurses from giving further treatment, in case of overdosing or drug interaction
and

(ii) pupils would not then be in a position to hand out tablets to one another.

Thank you for your co-operation in these matters.

C Boyd (Mrs)
E Flynn (Mrs)
School Health Nurses

STRATHEARN
SCHOOL
BELFAST

September 2014

PARENTMAIL

To Parents of all Form 2 – U6 pupils

Dear Parent

We try very hard to keep parents regularly informed about what's going on at Strathearn; however, sending letters home can be rather 'hit and miss' with letters often going astray along the way. We are also increasingly aware of the substantial cost, time and environmental impact associated with the amount of paper and photocopying involved with this.

For over a year we have been making use of a service called **ParentMail**, which is used by over 3,500 schools across the UK to communicate with 2 million parents by email and text message. This improved method of communication has been well received by our parents.

ParentMail will be beneficial to you because:

- Messages will get to you reliably,
- We can send messages directly to both sets of parents at the same time,
- You will quickly know about important or urgent messages,
- We can tell you more about what's going on at Strathearn.

To use this service and comply with Data Protection Legislation, ParentMail need to collect your email addresses and mobile numbers. Please be assured that ParentMail is registered with the Data Protection Registrar and guarantees that all information you provide will be kept private and will not be passed on to any other organisation. **If you have not signed up already, or your contact details have changed, we would ask you to please complete the attached form and return it in the envelope provided to your daughter's Form teacher by Monday 22 September 2014.**

PARENTS WHO HAVE ALREADY SIGNED UP DO NOT NEED TO COMPLETE THE ATTACHED FORM BELOW UNLESS THEIR CONTACT DETAILS HAVE CHANGED.

Important – When you start using ParentMail, email messages will be sent from **messages@parentmail.co.uk.** Please add this address to your email address books (or approved sender list) to prevent messages from being blocked by your SPAM/JUNK filters.

Yours sincerely

C Norris
School Services Co-ordinator

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APPENDIX

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Pastoral Information Form

Please complete and return in a sealed envelope to your daughter's Form Tutor by <u>Monday 22 September 2014.</u>

Name: _____ Form: _____

Do you have any information regarding your daughter's personal circumstances which may impact on her educational development in school, e.g., family illness?

Yes ☐ No ☐

If yes, please give details:

Thank you for your co-operation.

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Medical Information Form

Please complete and return in a sealed envelope to your daughter's Form Tutor by <u>Monday 22 September 2014.</u>

Name: _____ Form: _____

Name of family doctor: _____ Tel: _____

Address: _____

_____

_____

Does your daughter suffer from any of the following? Yes ☐ No ☐

Asthma ☐ Diabetes ☐

Epilepsy ☐ Allergies ☐

If yes, please give details including any medication required.
***We would prefer that any pupil with asthma would provide the school with an extra inhaler as backup*.**

Does your daughter have any other medical conditions we should be aware of, for example, migraines, eczema? Yes ☐ No ☐

If yes, please give details:

Parental signature _____ Date _____

Thank you for your co-operation.

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Strathearn School BT4 2AU

PARENTMAIL DATA CAPTURE FORM

I give / do not give (please select) my permission for my email address and mobile number to be registered with ParentMail®.

PLEASE COMPLETE IN BLOCK CAPITALS

Child's Details

First Name	
SURNAME	
Form/Class	

First Name	
SURNAME	
Form/Class	

First Name	
SURNAME	
Form/Class	

Parent/Guardian Details

Title	First Name
SURNAME	
Email Address	
Mobile Number	

Relationship to Child	

Title	First Name
SURNAME	
Email Address	
Mobile Number	

Relationship to Child	

Additional Email address (if required)	

Signature _____ Date _____

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