

Friday 12th June 2026

Dear Parents/Carers

Following discussions and suggestions from some of the Year 6 children, we have decided this year to host a Year 6 Sleepover again on Friday 3rd July.



The following staff will be staying with the children:

Mrs Bayliss – Head Teacher
Mr Brazier – Deputy Head Teacher
Mrs Cotton – Deputy Head Teacher
Mrs Griffiths – Assistant Head Teacher
Mrs Hine-Smith – Assistant Head Teacher
Mr Brazier – Teacher

The sleepover will take place at school, where the children will be able to spend time playing games with their friends, watch a film and sleep over in one of the classrooms.

This will be a lovely opportunity for the children to spend some time together as a year group before they move on to their secondary schools.

Children will be able to return to school at 6pm. We will provide a couple of slices of pizza, hotdogs, snacks and a drink during the evening, but it will not be a huge amount and is likely to be around 7pm.

As the children will be making their beds, they will need to bring bedding with them, which may include air beds, roll mats, sleeping bags, duvets, pillows etc. We will not be able to provide any bedding so it is necessary for all children to bring their own from home.

We will provide a bedtime snack (hot chocolate/squash/biscuits etc) and will also provide breakfast the next morning.

Children will need to be collected from school at 10am on Saturday morning.

The cost for the sleepover will be £7.00 payable on ARBOR, listed under trips for your child in Year 6 .

Please complete the attached consent form and return it to the class teacher as soon as possible.

Kind regards
Year 6 staff

I give permission for _____ to attend the year 6 sleepover and will ensure that they are collected at 10am on Saturday 4th July.

Signature: _____

Date: _____

SPECIFIC CONSENT FORM FOR OFF-SITE & OUT OF HOURS ACTIVITIES

(Sept 2024)

Data Protection Act, 2018

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation. The School will retain the information in this form in line with its retention policy. If there is an accident or near miss on a visit, the form will be kept until your child reaches the age of 25. If your information changes at any time before the visit, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend this visit.

School/Group:	Burnt Tree Primary School
Visit to:	Y6 Sleepover in school
Date and times:	From 6:00pm on Friday 03/07/2026 to 10:00am on Saturday 04/07/2026
I consent to:	

(full name)

taking part in this visit and have read the **accompanying information**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given. I also acknowledge that if I decide not to send my child on this visit after I have paid or if my child's behaviour results in his/her exclusion from the visit that I may not receive a refund. Outdoor, offsite and adventurous activities carry a degree of risk. It is essential that you, as parents, take responsibility for disclosing ALL medical and other information that might impact on your child's safety.

Medical information about your son/daughter:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment including asthma, epilepsy, diabetes etc? Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks, including sickness & diarrhoea? Yes No

If yes please give details:

Is your son/daughter allergic or sensitive to any medication? eg penicillin, aspirin, plasters etc Yes No

If yes please give details:

Has your son/daughter had any serious medical condition or injury, including broken bones or dislocations, in the last few years that we should know about? Yes No

If yes please give details:

Has your son/daughter been immunised against tetanus?

Yes No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

I will inform the Visit Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

Ev:

Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

Declaration

I **agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree** to my son/daughter receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.