



21 September 2021

Dear Parents & Carers,

House Music

This week the House Captains from the main school have begun rehearsals with JD volunteers for the House Music competition. We will send more details when we have them confirmed, but for now, please keep talking with your children about it. If they are volunteering, they will be expected to reliably take part in rehearsals during JD breaktimes.

Lunchtime Arrangements

The lunchtime arrangements for the whole school have had to be adjusted and this means that JD pupils' new time to eat in the Dining Hall will be 11:50am. Lesson times in JD have also been adjusted, and our morning break has been shortened to 15 minutes, but that time has been reallocated, allowing for a longer break after pupils have eaten lunch.

Pupils will still be welcome to bring a healthy snack for breaktime, but we may find that with an earlier lunchtime, pupils may prefer to eat that snack in the afternoon break.

The biggest point parents need to note is that the swimming class will need to bring packed lunch on Fridays as pupils will not return to School in time to eat in our new canteen timeslot. This half term it is the pupils in JD1 who will need to bring packed lunch on Fridays.

Uniform

Pupils are looking smart, but please help us to keep high standards with uniform. Remember that earrings can only be small gold studs. Earrings should not be in for PE, so if your child is unable to remove them herself, please ensure that they are not worn on PE days. Hair bands should be burgundy or black, no other colours. All JD pupils are expected to wear a lanyard as part of their uniform, which also helps ensure they do not lose their swipecards.

Behaviour

In JD, pupils can lose golden time points if they forget items that need to be in school. Pupils who forget lanyards, homework, coats or PE kit can expect to lose a golden time point each time. Please help your child build their independence and organisational skills, as it will really benefit pupils as they move into Year 7. Golden time points can also be lost for poor behaviour, although this is rarer. If a child loses 5 golden time points during one week, they miss Golden time on a Friday.

Flu Vaccinations

As I am sure you are aware, Vaccination UK are going into every school to vaccinate all pupils from Reception to Year 11 against flu. They will be in school on **18 November 2021** for JD pupils to have their vaccine.

Please print out and complete the attached consent form and return to Mrs Pasqualino in the JD office. Vaccination UK request that you complete a form even if you do not wish to have your child vaccinated. If you wish for your child to have the alternative vaccine (no porcine content) please request the relevant form from Mrs Pasqualino by email at pasqualino.r@kings.peterborough.sch.uk. Please return your completed form by **Friday 22 October**.

Yours faithfully,

Mr D Ludford
Head of Junior Department

HEADTEACHER: Mr Darren Ayling, BA, MA, MBA

ADDRESS: Park Road, Peterborough, PE1 2UE

TELEPHONE: 01733 751541

EMAIL: admin@kings.peterborough.sch.uk

A PUBLICLY FUNDED INDEPENDENT ACADEMY

THE KING'S (THE CATHEDRAL) SCHOOL, PETERBOROUGH IS A COMPANY LIMITED BY
GUARANTEE REGISTERED IN ENGLAND AND WALES NO 7464058.
REGISTERED OFFICE: THE KING'S SCHOOL, PARK ROAD, PETERBOROUGH PE1 2UE



Nasal Flu Immunisation Consent Form



Parent / Guardian: please complete **ALL** sections on this page.

Child's full name: (first name and surname)		Date of Birth:
Home address:		Emergency contact number for parent or guardian:
Postcode:		Gender of child (<i>please circle</i>): Male Female
Email:		
NHS Number (<i>if known</i>):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

CONSENT FOR IMMUNISATION (Please complete ONE box only)

The person with parental responsibility must sign this form – for more information, go to:
<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

<i>I have read and understood the leaflet supplied</i>	<i>I have read and understood the leaflet supplied</i>
YES , I want my child to receive the flu immunisation.	NO, I DO NOT want my child to receive the flu immunisation.
Parent / Guardian name:.....	Parent / Guardian name:.....
Signature:.....	Signature:.....
Date:.....	Date:.....
	Reason for refusal:.....

NB: The nasal flu vaccine contains products derived from porcine gelatine. There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents is available from www.nhs.uk/child-flu

Please also answer the questions below – if you answer YES to any questions, please give details:		
1.	Has your child had the flu vaccine in the past 3 months ?	Yes / No
2.	Did your child receive the flu vaccine last winter?	Yes / No
3.	Does your child have a disease or treatment that severely affects their immune system (eg: leukaemia)	Yes / No
4.	Is anyone in your family currently having treatment that severely affects their immune system? (eg: they need to be kept in isolation)	Yes / No
5.	Does your child have a severe egg allergy (needing hospital care)?	Yes / No
6.	Is your child receiving aspirin therapy (salicylate therapy)?	Yes / No
7.	Is your child on regular steroid medication?	Yes / No
8.	Has your child had a severe (<i>anaphylactic</i>) allergic reaction to any previous vaccines given?	Yes / No
If you answered yes to any of the above please provide details here:.....		

Asthmatic children ONLY:

Please enter the medication / inhaler name and daily dose (puffs):
eg: Budesonide 100 micrograms, 4 puffs per day

Is your child's asthma (please circle one): **MILD** **MODERATE** **SEVERE**

Has your child taken **steroid** tablets in the past two weeks for their asthma? **YES / NO**

If you answered **yes**, please give the date the tablets were finished?

Please let the immunisation team know if your child has to increase their asthma medication after you have returned this form OR if the child has been wheezy or unwell WITH ASTHMA within 72 hours prior to the immunisation day.

FOR OFFICE USE ONLY

ELIGIBILITY ASSESSMENT ON THE DAY OF VACCINATION:

- **Has the child been assessed as suitable for receiving LAIV today?** YES / NO
- **If the child has asthma, has the parent / child reported:**
 - Use of oral steroids in the past 14 days: YES / NO
 - An increase in bronchodilator use since consent form completed: YES / NO

Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered IM inactivated vaccine if their condition does not improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.

- If the child is not suitable to receive LAIV, has IM influenza vaccine been given today? YES / NO
- If **YES** – name of parent / guardian who has given consent for IM flu vaccine:
 Name:.....
 Relationship to child:.....
 Date / time contacted:.....
- If the IM influenza vaccine has **not** been given today, has the child been referred back to their GP? YES / NO

Child not immunised today because:

- High Temperature
- Not well enough today
- Refused none given Refused partially given Child Refused

Nurse assessors NAME and SIGNATURE:

Live intra nasal influenza vaccine details:

IMMUNISATION	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
live intra nasal influenza vaccine					

If Intramuscular (IM) vaccine given today:

Manufacturer:

Batch:

Expiry:

Site given:

Given by:

- Name of nurse.....
- Signature.....

Additional notes: