



Copnor Primary School

Home-School Agreement

Dear Parents/Carers

We send this out periodically to keep our records up-to-date. All schools are encouraged to have such an agreement. It's quite long but it helps keep your child safe and stops us pestering you too often, so it's worth it in the long run!

Child's name: _____ (please print)

For the pupil

To help me do my best I will:

- Arrive on time each day ready to be registered at 8.45 KS2 / 8.55 EYFS/KS1
- Wear my school uniform
- Be polite, helpful and follow our school rules
- Try hard and ask for help if I'm finding the work hard
- Do my best to complete any homework
- Listen to the lessons on internet safety and use the internet in a responsible way

Pupil's signature _____

For the Parent/Carer

To help my child achieve their best I will:

- Ensure they attend well, and on time each day
- Make sure my child wears their uniform
- Support my child with their homework
- Attend parents' appointments
- Contact the school if I have concerns about my child's progress or well-being
- Contact the school as soon as possible if my child is absent
- Support the school's policies

Parent/Carer signature _____ Date: _____

The School

To help your child achieve their best we will:

- Provide a rich and challenging curriculum
- Match the curriculum to your child's ability needs
- Encourage your child
- Welcome you into the school and update you regularly on general news
- Ensure that homework is regularly set
- Keep you informed of their progress
- Contact you promptly if we have concerns

Collection of Early Years, Year One, Year Two, Year Three and Year Four

We will not let your child leave school with anybody who you have not given permission for. Please name below adults who have permission to collect your child, together with a contact number. If your child is new to the school, please could you bring ID for your first few visits until we have become familiar with the adults collecting.

This information should be the same as on the green registration form.

Contact Type	Name	Relationship	Telephone Number
Parent / Carer			
Other Parent / Carer			
Emergency Contact One			
Emergency Contact Two			
Additional Contact			

If there are any changes in this arrangement I will telephone the office or inform the class teacher verbally or in writing on the day.

The lawful basis on which we collect and use this information is defined under Article 6 of the GDPR. For further information please refer to our Privacy Notice www.copnorprimary.co.uk .

**I have read and understood the school's safeguards and give permission for the following
(Please circle each statement to agree or disagree and then sign at the bottom of the page.)**

Uniform	I have read and support the uniform policy (Policy is on the website or available from the office)	Yes / No
Behaviour	I have read and support the behaviour policy (Policy is on the website or available from the office)	Yes / No
Local visits	I give permission for my child to go on local short trips in the minibus.	Yes / No
Local visits	I give permission for my child to go on local short trips by walking.	Yes / No
Head lice	I give permission for school staff to check my child's hair should it be suspected that there is the presence of head lice.	Yes / No
Milk EARLY YEARS ONLY	I would like my child to have free milk.	Yes / No
Plasters	I give permission for my child to have a plaster if required and confirm that my child has not got an allergy to plasters.	Yes / No

Parent's signature: _____ Date: _____

If you have any enquiries or concerns please, as ever, contact us so we can help you. Your support is much appreciated.

Mr M Johnson
(Headteacher)

September 2020

Administering Paracetamol in School

(Part 2 of Home School Agreement)

Dear Parents/Carers,

Occasionally a child will come to us with a minor pain (e.g. an earache or headache) and it would bring them some comfort if we could administer a small dose of paracetamol.

This would only be done with your prior permission and we would imagine any such occurrence to be rare. We've actually thought this for some time, but now Portsmouth City Council are also advising that this would be seen as good practice.

So, after consulting with the School Nurse, staff and governors we have produced a policy regarding the giving of paracetamol in school. This policy is basically written by Steven West – Chief Pharmacist, Solent Healthcare; Helen Albon – Specialist Mental Health Pharmacist and Karin Downer – Specialist Community Public Health Nurse.

The school will only give a dose of paracetamol if a child complains of pain after giving the child a drink, sitting them quietly or letting them lie down for a while. If the pain does not ease we will contact you by phone to ask permission to give a dose of paracetamol. (The dose will be the recommended dose for the child's age) A written record will be kept when the paracetamol is given.

It is also a legal requirement that we have written permission from you before it is given. We have published the policy on our website and if anyone wants a paper copy of it please just ask at the school office.

Once you have read the policy we'd be grateful if you would complete the attached tear-off slip below, which asks you to indicate your consent to the school giving Paracetamol liquid suspension in the event of headache, etc.

Even once we have written permission we will still contact you by phone for your verbal consent before any paracetamol is given and to confirm if your child has taken any medicines before attending school. Please ensure that you have an up to date contact number listed on the tear-off slip and inform the office of any changes.

This permission will remain in place during your child's time at Copnor Primary School. You may opt out of this at any time by contacting the Office Manager.

Please note Paracetamol will not be issued without both written and verbal consent.

Administration of Paracetamol

I..... (Print name) give / do not give permission for Paracetamol Liquid suspension to be given to my child (named below) in the event of headache, toothache, etc.

Child's name.....

Date

Signed.....Parent/Carer

Print Name.....