



Bishop John Robinson CofE Primary School

Headteacher: Mr Matthew Harris NPQH

Assistant Headteachers: Miss Sarah Biney NASENCO & Mrs Karen Ripley NPQH

School Business Manager: Mrs Karen Fletcher CSBM

Hoveton Road, Thamesmead, London SE28 8LW

Web: www.BishopJohnRobinsonPrimary.co.uk

Tel: 0208 310 9160 Email: admin@bjr.greenwich.sch.uk

Friday, October 13, 2023

Dear Parents and Carers

Forest School

We are very excited to continue developing our Woodland outdoor learning space and are now ready to start sessions with our children and get them involved with this. Our children really enjoy our sessions, learning about aspects of nature and wildlife, how to make and use different woodland crafts, as well as spend time learning outside, and learning to respect, protect nature. We have two resident frogs Freddie and Flossie so we are excited to learn, observe and care for them.

As Forest School sessions continue to take place whatever the weather, it is important to ensure that children are dressed suitably. Layers are best as temperatures and conditions may vary. The following are advised:

- Long sleeve warm top
- Long trousers
- Please provide your child with named wellies/suitable boots
- Sun hat / Woolly hat and gloves
- Dress according to weather e.g. gloves if cold

We have new waterproof kits to wear over clothes to protect their skin / clothes for all children

We aim to start Forest School sessions **as soon as possible** when all consent forms are received and they have wellies which can be left in school for future sessions. If written permission by yourselves is not given children will be unable to take part.

Please could you kindly fill in the medical form attached and return it to school as soon as possible.

If you have any questions, please contact the school office and I will be happy to talk to you.

Yours faithfully,

Mrs Amanda Newsham
Forest School Leader

Miss Carrie Chute
Early Years Lead

Mr Matthew Harris
Headteacher



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Forest School: Children's Medical Information Form

| | | |
|---|---------|--|
| Child's Full Name | | |
| Date of Birth | | |
| Contact Name and relationship to child | | |
| Home Address | | |
| Phone numbers | Home | |
| | Work | |
| | Mobile | |
| Doctor | Address | |
| | Phone | |

Has your child had any of the following?

| Illness | Comment | Medication needed Please specify |
|--|---------|-------------------------------------|
| Asthma/Bronchitis | | |
| Sight/hearing difficulties | | |
| Heart condition | | |
| Diabetes | | |
| Epilepsy | | |
| Allergies: e.g. pollen, nuts, materials | | |
| Have you ever been stung by a wasp or bee? If yes, describe the reaction | | |
| Date of last tetanus injection | | |

Signed: _____

Date: _____