



## Bishop John Robinson CE Primary School

Headteacher: Mr Matthew Harris  
Assistant Headteachers: Mrs Kim Valentine & Miss Sarah Biney  
School Business Manager: Mrs Karen Fletcher

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Tuesday, November 23, 2021

### Forest School

Dear Parents and Carers,

We are very excited to continue developing our Woodland outdoor learning space and move ever closer to earning the school's Forest School award. 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.

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
- Closed shoes / wellies / boots
- Sun hat / Woolly hat and gloves
- An emergency change of clothes and a carrier bag for dirty / wet clothing

Children will be required to wear a long-sleeved top, trousers and closed in footwear in order to participate in sessions. Children are welcome to come into school wearing their clothes for Forest School and a spare pair of shoes is advised. This allows for less disruption and more time to explore during the session.

Children are split into two groups: Team Forest and Team Woodland. As each group alternates weekly, children only need to come into school wearing their clothes when it is their turn. Reminders will be sent out each week to inform who's turn it is.

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,

Miss Farrant  
Forest School Leader



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## 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: \_\_\_\_\_