Food Allergy and Intolerance Notification Form

We understand that food allergies can present serious problems for some of our pupils. This form is designed to collect information about pupils who have allergies/intolerances so that we can cater for them appropriately. This form should be completed by the **parent or guardian** of pupils under the age of 18 and returned to the **school**.

Name of pupil					
Part 1: To be completed by parents/guardian					
1A. Does your child have an allergy or intolerance to an	ny of the following allergens?				
No Please go to Part 2					
Yes Please tick the relevant boxes below					
Nuts Sesame Seeds Celo	Soybeans Fish Hery Mustard Lupin Sulphites Other (please state)				
If you ticked any of the above boxes please provide furt	ther details of the nature of the allergy/intolerance:				
1B. Has this Allergy or Intolerance been medically diagr	nosed? Yes No				
1C. Holroyd Howe use a colour coding system to identif	fy special diets. Please tick which applies to your child:				
Pupil has a severe life-threatening allergy/ anaphylactic shock					
AMBER Pupil has an allergy or intolerance					
BLUE Pupil excludes foods du	ue to preference including religious preference				

If you have ticked RED please note:

Where Holroyd Howe cater for pupils under the age of 16 with a special diet in the **RED** category, we strongly recommend that a freshly prepared pre-plated meal is provided for them. A pre-plated meal is the safest way to minimise the risk to the pupil. If you <u>DO NOT</u> want a pre-plated meal to be provided to your child then please see Part 4.

Once this completed form has been received, a meeting can be arranged between the Catering Manager and the parent/guardian or school to discuss your child's food requirements in more detail.

Part 2: Religious Preferences						
Please provide details of non- permitted foods due to religion	ous faiths and beliefs in the box below:					
Part 3: Parent/Guardian Acceptance						
Whilst we can provide meals which do not include nominate traces of allergens, as they will be stored and prepared in cross contamination on display counters, particularly self-se be aware that while Holroyd Howe do not use nuts in any of that dishes/products served are totally free from nuts/ nut do such as 'may contain' which are used by our suppliers. Data Protection - please tick where you agree / give per	the same areas as nominated allergens. There is ervice areas such as salad bars and dessert counters if the food we prepare and serve, we are unable to guerivatives, due to the use of precautionary allergy states.	a risk of s. Please uarantee				
I'm happy for my child's allergen information and photo (w						
enable them to assist the school in correct food provision.						
I'm happy for my child's allergen information and photo (v servery area to enable the catering staff to check allergy i						
Name of Parent/Guardian completing this form	Allergy/intolerance status will immediately be highlighted to the school: Name of Parent/Guardian completing this form					
Signature						
Date						
Daytime contact telephone number						
Part 4 – If you have ticked RED and DO NOT want a poplease sign below:	re-plated meal to be provided to your child then					
I hereby confirm that Iparer want my child to receive a pre-plated meal.	nt/guardian ofdo no	ot				
I am aware that:						
Holroyd Howe are unable to guarantee that dishes/pr due to the use of precautionary allergy statements su	· · · · · · · · · · · · · · · · · · ·					
The meals provided to your child will be prepared in t	he same areas as nominated allergens.					
 There is a risk of cross- contamination on display cou bars and dessert counters. 	nters, particularly at self-service areas such as sala	ıd				
Signature	<u>—</u>					
Date						

Wycliffe

Details of pupil



Request for School to Administer Medication

Staff cannot give your child this medication unless you complete and sign the form below. If more than one medicine is to be given a separate form should be completed for each one. Please note that only licensed UK medication is accepted –vitamins and complimentary treatments such as herbal or homeopathic cannot be given.

• •	
Name	Date of Birth
Condition or illness	
Medication	
Name/Type of Medication (must be in o	riginal container)
For how long will your child take this me	edication?
	Date dispensed/started
Quantity supplied Batch nu	umber Expiry Date
Full Directions for Use	
Dosage and method	
Timing	
Special Precautions	
Any Side Effects	
I understand that I must deliver the me House Staff (Nursery to Key Worker) ar which the school is not obliged to under I understand that I must notify the scho	nd I accept that this is a service rtake.
SIGNATURE	DATE
RELATIONSHIP TO CHILD	

Medical Centre, 46 Regent Street, Stonehouse, Glos. GL10 2AD Telephone: (01453) 820 440 or email: medcen@wycliffe.co.uk



Wycliffe Prep School, Ebley Road, Stonehouse, Gloucestershire GL10 2JD +44 (0)1453 820470 • prep@wycliffe.co.uk • wycliffe.co.uk

Breakfast at Wycliffe

Dear Parents

Breakfast Club is part of Wycliffe's wrap-around care provision for children throughout the Prep School. It operates daily during term time, between 8.00am and 8.25am in the school dining hall and the cost of breakfast is included in the termly fee.

At Breakfast Club, the children enjoy a light breakfast, which includes cereal, fruit, toast, yoghurt, milk, and fruit juice. As part of our allergy awareness programme, lists of ingr edients for all foodstuffs provided by Wycliffe are available for parents on request. Breakfast Club is supervised by a member of staff and around 8:25am, the pupils will go to their respective classrooms for the start of the school day.

To enable the correct level of staffing to be in place, parents are required to book places for their child/ren at least 24 hours in advance.

If you would like your child to attend Breakfast Club, please complete a booking form below and return it to your child's class teacher or Mrs Kitchin (anne.kitchin@wycliffe.co.uk).

Name of child: _						
I would like my child to attend the following Breakfast Clubs until further notice:						
Monday	Tuesday	☐ Wednesday	☐ Thursday	Friday		
Signature:			_Date:			
Name:Relationship to child:						
14 87 L a						

Wycliffe College (Incorporated) is a registered Company in England and Wales, limited by guarantee (No. 00255632) and a registered Charity (No. 311714)

Registered Address: Regent Street, Stonehouse, Gloucestershire GL10 2AD



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Please provide us with the following information and return this form to Pre-Prep or the School Office. This is to help ensure that our records are up to date. Child's name: Who has legal parental responsibility for your child? (Please give full names). Home telephone number(s):_____ Work telephone number(s): Parent 1: ______Parent 2: _____ Parent 1 mobile: _____Parent 1 email: _____ Parent 2 mobile: _____Parent 2 email: _____ Address(es): I give permission for the following other named adults to collect my child from school: Name of person you would like us to contact in an emergency if you, and/or the other person who has legal parental responsibility for your child, cannot be reached (please include telephone number and relationship to child): Signature: ______Date: _____ Name: ______ Relationship to child: _____

Please keep school informed of any changes to these details.

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Wycliffe College

Please fill in the whole form including official use box using a ball point pen and send it to:

Wycliffe College
Finance Department
Regent Street
Stonehouse
Glos
GL10 2AD

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager

Address

Postcode

Reference (six digits as shown on foot of bill)

Instruction to your bank or building society to pay by Direct Debit

Del vice aser maniber						
8	3	6	8	9	9	

FOR WYCLIFFE COLLEGE OFFICIAL USE ONLY This is not part of the instruction to your bank or building society.				
FEE PAYER TO COMPLETE				
Payment option:				
First day of term				
By monthly instalment				
(Please tick one box only)				
Pupil Name/s:				
Instruction to your bank or building society Please pay Wycliffe College Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Wycliffe College and, if so, details will be passed electronically to my bank/building society.				
Signature(s)				

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Wycliffe College will notify you three working
 days in advance of your account being debited or as otherwise agreed. If you request Wycliffe College to collect a payment,
 confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Wycliffe College or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Wycliffe College asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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DIRECTORYPERMISSION

Dear Parents

As you may be aware, we distribute current parents' contact information via the Pupil Directory to enable easier organisation of children's parties and social lives and parent year group events.

We publish this information by year group: your child's name, first name and surname(s) of parents, telephone numbers and email addresses. You may choose how much information you wish to publish and we are happy to publish both parents' contact details or the contact details of just one parent. We recommend that only personal contact details, not work information, is provided.

If you have not been included in previous publications but would now like to be, I would be grateful if you could complete the information below with the information you would like to be published. If you do not wish any information to be published, please indicate this on the form, after providing your child's name and year group. Please note, as this information is being published by year group, that we will need one form per child.

If you have previously completed a form your information will be on record and therefore will be included in the next directory.

If forms are not returned, we will be unable to include your information in the new directory.

Yours sincerely

Mrs A Kitchin Prep School Administrator

Pupil's full name:	Year Group:	_
Parent(s') full name(s):		
Contact Telephone Number:		_
Personal Email Address(es):		_
I give my permission for my contact details to be published in the P	upil Directory	
I DO NOT give my permission for my contact details to be published	d in the Pupil Directory	
Signed:	_Date:	





Pupil Publicity

During your child's time at Wycliffe, photographs/videography will sometimes be taken of individual pupils or groups of pupils, for example during school trips or significant events such as Speech Day.

These photos/videos may be used in any or all of the following to help to promote the school:

Wycliffe Website (www.wycliffe.co.uk)

Punil's Name:

Wycliffe Facebook Page (www.facebook.co.uk/wycliffecollege)

Wycliffe Twitter Account (www.twitter.co.uk/wycliffecollege)

Wycliffe Instagram (www.instagram.co.uk/wycliffecollege)

The Wycliffian - Our annual school publication

The Wycliffe Times - Our quarterly school newspaper (please be aware that this is published online)

The Young Wycliffian (Preparatory School) - Annual school publication

Any Other Marketing / Advertising (eg. An advert for Wycliffe in the Cotswold Life Magazine, outdoor adverts, banners)

If you <u>DO NOT</u> wish your child to be included in any or all of the above, please complete the following:

Please DO NOT include my child in any school photography/videography to be used for marketing/advertising purposes.
Parent or Guardian's name:
Signature:



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Dear Parents,

This letter is to inform you about our use of Tapestry Online Learning Journal in our setting.

Tapestry allows us to make observations for your children where we can attach photos and videos.

On Tapestry, parents can view, like and comment on the observations we make for your children. You can also add your own observations of what your child does outside of the setting.

We will set you up with your own individual account using your email address. This account will be directly linked to your child/children's account/s, which means you will only be able to see observations that include your child. You will then be able to login with your email address and password to either the browser version of Tapestry (tapestryjournal.com) or to the app. Tapestry has apps for iOS, Android and Amazon Fire devices. If you choose to use the app, after you login initially, you can use a 4-digit PIN to quickly log back in.

Tapestry securely stores all the data we input to our account on their servers. If you want to find out more information about how Tapestry keeps our data safe and secure, you just need to go to https://tapestry.info/security.html.

If you have any questions or queries about this, please get in touch.

Yours sincerely,

Mr D Aherne

Head of Pre-Prep





Image consent form template

To comply with the Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. We may take photographs to upload to Tapestry Online Learning Journal to record your child's learning and development and to share this with you;

We use Tapestry as our online learning journal provider. We will use this to send you observations of your child which might include photos and videos. If you give your permission in the form below, you will be able to see group observations which might include photos and videos with other children in and consequently, other relatives might be able to view photos and videos of your child.

Please read and indicate your consent clearly:

1.	I consent to photographs and videos of my child being taken by authorised personnel representing Pre-Prep.					
	Yes No					
2.	I consent to photographs and videos of my child being uploaded to Tapestry Online Learning Journal					
	Yes No					
3.	I consent to photographs containing my child's image being included in other children's learning journals					
	Yes No					
4.	I agree to treat photographs containing images of other children as well as my own as for my own personal use only. This means that the information cannot be shared with others, or published in any way, without the explicit consent of the parents or guardian of those children who may be included. For example, any such photographs cannot be posted on a social networking site or displayed in a public place.					
	Yes No No					
Sign	ed by parent/guardian:					



Name of child:			

Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child's time in Pre-Prep. It is your responsibility to let us know if you want to withdraw or change your consent at any time.