**Safeguarding Update for Children Returning to School Following COVID-19 school closure**

Dear parents / carers,

We are very much looking forward to your child returning to school.

It has been several weeks since the Government ordered schools to close with less than 48 hours notice. We understand that for some children and families there may have been significant changes to your lives. We want to be as prepared as possible to support your child on their return to school, particularly in terms of their health and wellbeing.

The more information we have prior to their return the better equipped we will be to ensure a more successful transition.

If you would prefer a phone call to share the information please contact Mrs Brown or Mrs McKenna on 0191 2746695.

We request that we receive a form for every child returning. Even if very little has changed and you and your child have no concerns about their return to school, it is useful to know that too.

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| **Name of Child** |  | | **Year Group** | |  |
| **Parent / carer completing the form** | |  | | **Date** |  |
| How are they feeling about returning to school?  How are you feeling about your child’s return? | |  | | | |
| Have there been any changes at all to your household?  *New baby, bereavement, parent working away, relationship changes?* | |  | | | |
| Has anyone in the family suffered from coronavirus?  *Is there anyone (including extended family) currently shielding?* | |  | | | |
| How has your child engaged with any activities from school?  *If this has been a struggle please still share. Is there anything they have really enjoyed doing during the school closure?* | |  | | | |
| Have there been any significant events happen at home, within the wider family or the neighbourhood? | |  | | | |
| Has your child shared any specific worries during lockdown period?  *Have they talked / questioned lots about the virus?* | |  | | | |

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| **Specific Health Information:** | |
| Have there been any changes in your child’s health needs? |  |
| Have there been any changes in medication?  *Newly prescribed or previous medication updated?*  *If this medication is to be administered during school time, we will need to update/ create their medication plan.* |  |
| **Please continue here if you need more space or would like to share anything else with us** | |
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