

Ormesby Village Infant & Junior Schools Federation

Headteacher: Mr. Bradley Young



Ormesby Village Infant School
Spruce Avenue, Ormesby St. Margaret
Great Yarmouth, Norfolk, NR29 3RY
Telephone: (01493) 730298 Fax: (01493) 733810
Email: office@ormesbyinfant.norfolk.sch.uk
Website: www.ormesbyinfant.norfolk.sch.uk

Ormesby Village Junior School
North Road, Ormesby St. Margaret, Great
Yarmouth, Norfolk, NR29 3LA
Telephone: (01493) 730944
Email: office@ormesbyjunior.norfolk.sch.uk
Website: www.ormesbyjunior.norfolk.sch.uk

Dear Parents/Carers,

17.4.24

Recently, we have had the groundworks completed for the secure housing of up to two hives of honey bees in school. Our resident trained bee expert (apiarist), Miss. McMylor has been hugely involved in the implementation process, acquiring the necessary equipment, suits, plants and formulating the important risk management documents to ensure every step has been taken to ultimately enable small groups of children to learn about beekeeping safely.

As part of this management process, we require parental consent for any child who would like to be involved in learning about bees more closely.

Working with any living creatures comes with a certain element of risk, so appropriate measures have been taken to manage this risk safely. Children with any allergens are already known to us, but sometimes allergens to insect stings are unknown, because they occur so infrequently. As a result, please also give consideration and consent for the administration of appropriate medication by trained personnel in the event of an emergency involving anaphylaxis. The treatment of anaphylaxis would involve the affected party being observed for physical and respiratory changes and potentially then requiring antihistamine and/or an Adrenaline Auto-Injector Device, such as an EpiPen to be administered. If anaphylaxis was occurring, the emergency services would also have been called. Please do not be alarmed by this paragraph, we are merely pointing out a risk, which must be managed appropriately in the unlikely event that anaphylaxis occurs.

If you are happy for your child to participate, please complete the reply slip below fully and return it to the school office. Any children with incomplete forms or without the necessary consents will not be involved with the bee-keeping.

We would love to see as many responsible children as possible contributing to bee conservation and for those children involved to learn new skills, whilst nurturing such fascinating living creatures.

Yours sincerely,

Bradley Young
Headteacher

Annette McMylor
Deputy Headteacher

To the Office: Bee Participation and Treatment Consents

I give / do not give (**delete as appropriate**) permission for my child _____ to work closely with bees.

I give / do not give consent (**delete as appropriate**) for my child to receive age-appropriate, pain-relieving insect sting cream by trained personnel in the event of being stung.

I give / do not give consent (**delete as appropriate**) for my child to receive appropriate treatment and medication by trained personnel in the event of an emergency involving anaphylaxis (antihistamine and/or epipen).

Signed: _____

Date: _____

