



4 April, 2014

Dear Parent and Carers,

As the Spring term draws rapidly to a close I would like to inform you of the following:

1. Staff Changes

We welcome Miss Rowark who recently joined the school as a teacher in the RE Department. Miss Jones will join us after Easter as teacher of Physics.

2. Preparation for internal and external examinations

The examination season is upon us once again. I ask for the support of parents to encourage their sons to adhere to a thorough revision programme in the remaining weeks before internal and external examinations begin. For boys taking external examinations, additional support sessions are available in each subject; please encourage you son to participate.

3. Literacy Focus for the Summer Term – Spelling

The Literacy Focus for the Summer Term is **Spelling**. This could include tests on frequently misspelled words and subject specific vocabulary. The English Department will run a Year 7 Spelling Bee before the Summer holiday.

4. Scarlet Fever

There have been several cases of scarlet fever in school. I have attached Frequently Asked Questions information sheets from Public Health England so that parents can recognise the symptoms. Advice from Lincolnshire County Council is that a "Child can return to school 24 hours after commencing appropriate antibiotic treatment".

5. The School Site

Open lockers have been provided for boys to store their bags outside the Old School. By the end of the month additional lockers will be provided outside the Dining Hall.

The outcome of the capital bids for the provision of a Sports Hall and the refurbishment of the Brook Street Science laboratories is expected at the end of April. I will update parents when the decision is known.

6. PTFA Activities

- There will be an afternoon tea served at Allington Manor on Sunday 22 June, to raise money for school funds. Tickets will be on sale after Easter.
- The PTFA are also organising Mensa testing, which will be carried out on Wednesday 25 June. Application forms will also be available after Easter.
- Looking ahead, the Harvest Ball will be held at Belton Park Golf Course on Friday 3 October. Tickets will be on sale in early May.

7. Achievements/Celebrations

At our end of term assembly we celebrated range of achievements:

Rugby

The King's 1st team won the County 7s Final on 26 March. The team didn't concede a try in the pool stages or in the semi-final. They defeated Spalding Grammar 38 – 7 in the final. The team consisted of: Harry Adams (Capt), Josh Adams, Ben Addlesee, Edward Bloodworth, Luke Fidler, Philip Fletcher, Joe Ryder, Sam Stedman, Calvin Wright and William Young.

Year 7 Boys

Our talented Year 7 boys won the annual 7s event hosted by King's at Kesteven RFC. King's defeated the following teams in the pool stages:

Loughborough Grammar 31-5
Welland Park Academy 35-10
Carre's Grammar 50-5
King Edward's Stratford 30-0

In the final the boys defeated Stamford School 21-5 in an excellent exhibition of Rugby.

Water Polo

Our Water Polo teams continue to achieve success:

- The Under 19 team reached the semi-finals of the English Schools National competitions (ESSA) 2014. They were also runners-up in the London Schools Competition 2014.
- The U16 Reached the semi-finals of the English Schools National competitions (ESSA) 2014.
- The U14 Team are in the semi-final of the English Schools National competitions to take place later this month, and are also in the final stages of the London school competitions in April 2014.

Representative honours

- 8 King's boys were selected for the ASA Regional Water Polo Squad: Josh Peters, Caleb Mackey, Cameron Terry, Cameron Chow, Adam Smith, Tom Cotton, Noah Clegg, and Harry Fowler.

Cameron Terry of Year 9 has been selected for the England Talent Water Polo Programme 2014.

As well as being part of a very successful King's Water Polo Team, our Head Boy, Conor Coyle, coached the successful KGGS U16 team.

Junior Quiz Team

Miss Bieber accompanied the Junior Quiz Team (Years 7/8) to a match where they won against the KGGS team with a score of 790-320. The boys are now through to the next round of the National Competition where they will play against Kimbolton.

The team consisted of: Harrison Lockyer, Pip Mattison (cpt), James Grainger and Aaron Trevor

International Mental Math Championship

The central principle of this Championship is to develop student competence in mathematics by the use of constructive play, thereby motivating and involving them in the learning process. Mrs Drulia reports that the following Year 7 boys have been selected to represent King's in the Grand Online Final of the International Mental Math Championship: Mitchell French; Farhan Ali; Viren Panchal; Rhys Peacock.

8. Rugby Tour 2015

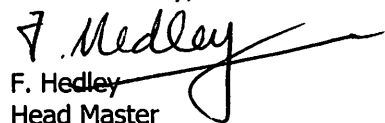
The next King's Rugby Tour is going to South America. As part of the fundraising activity, there is a box in the school office for old and unwanted foreign currency. The donation of any loose coins, or even notes, would be very much appreciated. The box is located in the school office for the next 12 months. Every dime, peso, rand, euro, cent, or even penny will count!

9. Calendar dates

- Boys return to school on **Tuesday 22 April 2014**.
- The May half-term break for boys begins at **3:45pm on Friday 23 May 2014**. The boys return to school on **Monday 2 June 2014**.

Thank you to all parents for your continued support for the school. I wish you all a very restful and Happy Easter.

Yours sincerely,


F. Hedley
Head Master



SCARLET FEVER – FREQUENTLY ASKED QUESTIONS

What is scarlet fever?

Scarlet fever (sometimes called scarlatina) is an infectious disease caused by bacteria called *Streptococcus pyogenes*, or group A streptococcus (GAS). The same bacteria can also cause impetigo. These bacteria are commonly found on the skin or in the throat, where they can live without causing problems. However, under some circumstances, they can also cause diseases, like scarlet fever.

Scarlet fever is characterised by a rash, which usually accompanies a sore throat, and is sometimes confused with the measles' rash. The bacteria which cause the infection produce toxins (poisons), which cause a rash, a red and swollen tongue and flushed cheeks.

Scarlet fever is mainly a childhood disease and is most common between the ages of two and eight years. It was once dangerous, but antibiotic treatment means it is now much less common and much less serious, although 2-4,000 cases are diagnosed each year in England.

It is still highly contagious. The bacteria are carried in the saliva and mucus in the nose. The disease is spread by sneezing, coughing, or breathing out. It can also be caught by direct contact with the mucus or saliva of an infected person. It takes around two to five days to develop symptoms after being infected.

If you think your child has scarlet fever, you should consult your GP.

The disease tends to be most common in the winter and spring and the treatment consists of a 10-day course of antibiotics.

How do I protect myself from scarlet fever?

Scarlet fever is spread via the mucus and saliva of infected people. It can also be caught from any drinking glasses, plates or utensils they have used. To protect yourself from getting the illness you should:

- Wash your hands often
- Not share eating utensils with an infected person
- Wash, or dispose of, handkerchiefs and tissues contaminated by an infected person
- Be aware that you can catch scarlet fever by inhaling airborne droplets if someone with the illness coughs or sneezes in the air near you.

If you think you, or your child, have scarlet fever:



- See your family doctor as soon as possible
- Make sure that you/your child takes the full course of any antibiotics prescribed by the doctor. Although you or your child will feel better very quickly after starting the course of antibiotics, you must complete the course of treatment to ensure that you do not carry the germs in your throat after you have recovered.
- Stay at home, away from nursery, school or work for at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection

You can help stop the spread of infection through frequent hand washing and by not sharing eating utensils, clothes, bedding and towels. All contaminated tissues or handkerchiefs should be washed, or disposed of immediately.

What are the symptoms?

The first symptoms of scarlet fever often include a sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic fine red rash develops (if you touch it, it feels like sandpaper). Typically, it first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly-pigmented skin, the scarlet rash may be harder to spot, although the 'sandpaper' feel should be present

- Fever over 38.3° C (101° F) or higher is common
- White coating on the tongue, which peels a few days later, leaving the tongue looking red and swollen (known as 'strawberry tongue')
- Swollen glands in the neck
- Feeling tired and unwell
- Flushed red face, but pale around the mouth. The flushed face may appear more 'sunburnt' on darker skin
- Peeling skin on the fingertips, toes and groin area, as the rash fades.

It usually takes two to five days from infection before the first symptoms appear. However, the incubation period may be as short as one day and as long as seven days.

Scarlet fever usually clears up after a week, but it is advisable to visit your GP to get a full diagnosis and proper treatment.

How do you get it?

Scarlet fever is highly contagious. The bacteria are present in the mouth, throat and nose of the infected person and are spread by contact with that person's mucus or saliva. These might even be on cups, plates, pens, or surfaces, such as tables which might have been used or touched by someone carrying the bacteria.

You can also catch the disease by breathing infected airborne droplets produced through an infected person's coughing or sneezing.



Who is most at risk?

Scarlet fever is mainly a childhood disease, with around 80% of cases occurring in children under 10 years old. It is most common in children between the ages of two and eight years, with four-year-olds most likely to develop the illness. Occasionally, outbreaks of scarlet fever occur in nurseries and schools. Adults of all ages can also catch scarlet fever, but the disease is much less common in adults.

How is it diagnosed and what is the treatment?

Most mild cases of scarlet fever will clear up on their own, but it is still best to see your GP if you, or your child, are showing symptoms. Having treatment for the illness speeds recovery and reduces the risk of complications. You will also become non-contagious more quickly.

In most cases, doctors can diagnose scarlet fever from the symptoms alone. The diagnosis can be confirmed by taking a throat swab, which is then sent to a laboratory to identify the bacteria causing the infection. In some cases, a throat swab is not enough and a blood test may be needed.

The usual treatment for scarlet fever is a 10-day course of antibiotics. The fever will usually subside within 24 hours of starting this, but it is important to take the whole course to completely clear the germs from your throat.

If scarlet fever is not treated with antibiotics, it can be infectious for two to three weeks after the symptoms appear. Provided all prescribed antibiotics are taken as directed, most cases will not infect other people after 24 hours of treatment. Current guidance advises that children should not return to nursery or school and adults to work until a minimum of 24 hours after starting treatment.

If you have a high temperature you should drink plenty of fluids. You can also take paracetamol or ibuprofen to bring down your temperature and relieve discomfort.

Once you have had scarlet fever you are unlikely to get it again.

What are the potential complications?

Most cases of scarlet fever have no complications at all. However, in the early stages, there is a small risk that you might get one of the following:

- Ear infection
- Throat abscess
- Pneumonia
- Inflammation of the sinuses (sinusitis)



- Meningitis.
- On rare occasions, at a later stage the disease could lead to:
 - Bone or joint problems
 - Liver damage
 - Kidney damage
 - Acute rheumatic fever (which can damage the heart).

Patients, or their parents, should keep an eye out for any symptoms which might suggest these complications in the first few weeks after the main infection has cleared up and, if concerned, seek medical help immediately.

If you have concerns about your health see your family doctor, contact the NHS 111 service or visit the website www.nhsdirect.nhs.uk.

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ScarletFever/GeneralInformationScarletFever/>