



Consent and Medical Form
For A Visit to Kench Hill Centre

Kench Hill Centre

Appledore Road, Tenterden, Kent, TN30 7DG

TEL: 01580 762073 FAX:01580 764666

www.kenchhill.co.uk

HEAD OF CENTRE – SANDI BAIN

KHM/1

Please complete this form in **CAPITAL** letters and return to the school as soon as possible. If you would like a copy of this form in **TURKISH** or **POLISH** please ask your school organiser.

A. General Information

Home Address of Pupil

[Empty box for Home Address of Pupil]
POSTCODE:

Surname of Child

[Empty box for Surname of Child]

First Name(s) of Child

[Empty box for First Name(s) of Child]

Emergency Telephone Numbers

Telephone number	Name & Relation to Child
Daytime	
Night	

Name of School

[Empty box for Name of School]

Name & Address of Child's Doctor

[Empty box for Name & Address of Child's Doctor]
POSTCODE:

Date of Birth

Day.....Month.....Year.....

B. Dietary Information

Does your child need particular dietary requirements? Yes No

If **Yes** please provide details and reasons below: E.g. No nuts - Severe Allergic Reaction
No pork/halal meat only - Religion
No onions - Strong Dislike

Item of Food	Reason
[Empty box for Item of Food]	[Empty box for Reason]

C. Medical Information

1. Is your child suffering from an allergy? Yes No If **Yes**, please give details below:-

2. Is your child suffering from any particular illness/health or behavioural problems? Yes No

If **Yes**, please give details below:-

3. If your child taking medication or tablets? Yes No

IF YES, THESE MUST BE HANDED TO THE PARTY LEADER BEFORE DEPARTURE DATE WITH CLEAR INSTRUCTIONS FOR USE – pupils are NOT to administer their own medicine.

4a. If your child a diabetic? Yes No

IF YES, YOU MUST SEND WRITTEN DETAILS OF TREATMENT, OBTAINED FROM YOUR CHILD'S DOCTOR

4b. Is your child an epileptic? Yes No

4c. If **Yes** to either 4a / 4b do Head of Centre and School Doctor approve the visit? Yes No

5. What was the date of the last known Tetanus injection? Day.....Month.....Year.....

6. What is your child's NHI Medical Card Number? NHI:

7. Please give any further relevant information (Including bed wetting, special needs):

D. Declaration By Parent or Guardian / Carer

I consent to my child, named above, taking part in all the activities in the programme* and to receiving any necessary emergency medical or dental treatment during her / his visit to Kench Hill Centre.

Signed.....Print Name.....

Relationship to child.....Date.....

*Please state any exceptions for health reasons

THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL

In the light of any of the above information/incomplete details the school (inc. the School Doctor) and Kench Hill Centre reserves the right to refuse attendance on the school journey.