



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

Surname of Child

**POSTCODE**

First Name(s) of Child

**Emergency Telephone Numbers**

| Telephone number | Name & Relation to Child |
|------------------|--------------------------|
| Daytime          |                          |
| Night            |                          |

Name of School

Name & Address of Child's Doctor

**POSTCODE:**

Date of Birth

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

**B. DIETARY INFORMATION**

Does your child have any 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                               |
|--------------|--------------------------------------|
|              | (If vegetarian, does s/he eat fish?) |

### C. MEDICAL INFORMATION

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

2. Does your child suffer from any illness/health or behavioural problem?  Yes  No

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

3. Is your child taking medication or tablets (including asthma treatment)?  Yes  No

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

4a. Is your child diabetic?  Yes  No

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

4b. Is your child epileptic?  Yes  No

4c. If **Yes** to 4a or 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 activities in the programme\* and to receive any necessary emergency medical or dental treatment during her / his visit to Kench Hill Centre, also to the use of photographs taken during the visit for publicity and education purposes. I will inform the school of any new illness or injury affecting my child during the 2 weeks before the trip. (Delete any section if required).

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

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

\*Please state any exceptions for health reasons (Includes swimming if applicable).

**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.