



**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):

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.

D. Declaration By Parent or Guardian / Carer (Delete any section if required).

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. I will inform the school of any new illness or injury affecting my child in the 2 weeks before the trip.

I consent to the use of photographs taken during the visit for publicity or education purposes, including Kench Hill Facebook page and website**.

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

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

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

** Children will not be named or 'Tagged' in any photos.