



Consent and Medical Form For A Visit to Kench Hill Centre

Kench Hill Centre

Appledore Road, Tenterden, Kent TN30 7DG

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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

Name of Child	
Age	
Date of Birth	
Home address Postcode:	

Emergency Telephone contact

Contact name and relationship	
Home phone number	
Mobile phone number	
Work phone number	

Doctors Name	
Telephone number	
Address Postcode:	

Please tick the following boxes

Consent needed	Yes	No
I agree for my child to receive any emergency medical treatment		
I agree to my child to receive any first aid that maybe necessary		
I agree to the administration of antihistamines and paracetamol if required		
I agree to photographs of my child being taken and used anonymously. Eg for promotional information, including websites and social media.		

B. MEDICAL INFORMATION

	Student information	Yes	No	Notes
1	Does your child suffer from an allergy (If yes please specify in the notes)			
2	Does your child suffer from any illness, physical/mental health or behavioural problems?			
3	Is your child taking medication e.g. asthma inhaler			
4	Is your child diabetic? (If yes you must send written details of treatment, obtained from your child's doctor			
5	Is your child epileptic?			
6	If yes to 4/5 does Head of centre and School Doctor approve the visit?			

What is your child's NHI Medical Card Number?

NHI:

Please give any further relevant information (Including bed wetting, special physical or educational needs):

C. 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?)

D. Declaration By Parent or Guardian / Carer

I consent to my child, named above, taking part in all activities in the programme during his/her visit to Kench Hill Centre. I will inform the school of any new illness or injury affecting my child during the 2 weeks before the trip.

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

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

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.