

# THE NORTON KNATCHBULL SCHOOL

## An International School with Language and Science Specialisms



Hythe Road  
Ashford  
Kent  
TN24 0QJ

www.nks.kent.sch.uk  
information@nks.kent.sch.uk  
Tel: 01233 620045  
Fax: 01233 633668

(Founded 1630)

Headteacher: Ms S. K. Staab, BA, MA, Dip Trans

### PARENTAL CONSENT FORM AND MEDICAL QUESTIONNAIRE

**Trip:** 11D2 Geography visit to Hythe, Dungeness and Camber Sands  
**Date of Trip:** Monday 12<sup>th</sup> November 2018

#### STUDENT'S DETAILS (Please complete all sections in block capitals)

<b>Pupil's name:</b>		<b>Form:</b>		<b>Date of Birth:</b>		
<b>Address:</b>						
<b>Parent/Guardian Contact Telephone Number(s):</b>						
<b>Emergency Contact No. if different from above:</b>						
<b>Family Doctor</b>						
<b>Address</b>				<b>Telephone No:</b>		

- I enclose cash/a cheque for £ \_\_\_\_\_.  
*(If you are enclosing a cheque please make it payable to 'The Norton Knatchbull School' and write you son/daughter's name, form and the name of the trip on the reverse.)*
- I have paid £ \_\_\_\_\_ using the school on-line payment facility ([www.scopay.com/nks](http://www.scopay.com/nks))
- I understand that photographs/videos may be taken on the trip and give consent for my son/daughter to be photographed/videoed on this occasion.
- I do NOT wish my son/daughter to be photographed/videoed on this occasion
- My son/daughter is registered with KCC for free school meals
- My son/daughter is registered with KCC for free school meals and I would like to make a contribution of £ \_\_\_\_\_ towards the trip.
- My son/daughter is registered with KCC for free school meals and requires the school to provide a packed lunch on the day of the trip.

I have included in the medical questionnaire below all details of my child's medical condition.

- |  |        |
|--|--------|
| 1. Can your child participate in physical activities without restriction of special supervision? | Yes/No |
| 2. Has your child good eyesight (with the aid of glasses if necessary)?                          | Yes/No |
| 3. Is your child's tetanus cover still current?  | Yes/No |
| 4. Has your child had any recent injury?   | Yes/No |
| 5. Has your child had any recent infection/illness (in last 4 weeks)?                            | Yes/No |
| 6. Does your child suffer from allergies (including to medication)?                              | Yes/No |
| 7. Is your child prone to travel sickness?   | Yes/No |
| 8. Is your child at present under treatment for any condition?                                   | Yes/No |
| 9. If you have answered "Yes" to any of questions 4-8, please give details below:                |        |

.....  
.....PTO



10. Please state any medication which is required by your child:-

Medication: ..... Timing: .....

NB: it is your child's responsibility to bring any medication listed above with him/her on the trip.

**PLEASE NOTE - I am aware that should my child's medical condition change in any way, prior to the trip departing, it is my responsibility to notify the trip leader.**

11. Please specify any dietary requirements: .....  
.....

12. Please give any further information not included overleaf which may be required:  
.....  
.....

*If these questions are answered fully, there should be no need for a medical examination. However, if your child has not previously had a medical examination, or if there is any doubt regarding any medical condition, it is advisable to arrange an examination by your own family doctor who should be given full details of the educational visit and should indicate her or his approval in writing.*

I note that the School's Insurers levy a £50 excess per claim if the school trip has been arranged with insurance cover for risks involving baggage, medical expenses or money losses.

In consideration of Ms. S. K. Staab, Head of The Norton Knatchbull School, allowing my child to join any proposed party, and member(s) of staff undertaking to take my child in the said party I agree:

1. To pay for any damage which may be occasioned solely through the misconduct or carelessness of my child to the person or property of any other party or parties.
2. I will not hold the Head or member(s) of staff or either of them responsible for any loss of personal effects or money incurred by my child during such visit where reasonable steps have been taken to safeguard such effects and money.
3. I will indemnify him/her/them in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.

I hereby consent to the attendance of my child on school visits when the person(s) in charge of the party will be a member of the teaching staff of the school and/or of the centre. I accept full responsibility for my child's journey to and from school.

I am aware that should my child withdraw voluntarily from the trip, and the school has incurred prior costs, monies already paid will not be refunded. In addition, I am aware that should the trip have to be cancelled for reasons beyond the school's control, refunds will only be made in so far as the School can claim reimbursement.

I consent to my son/daughter receiving emergency dental, medical or surgical treatment, including inoculations, anaesthetic, surgery or blood transfusion, should a qualified medical practitioner consider the treatment necessary.

I further consent to my child travelling by the arranged form of transport, and by any form of public transport or in motor vehicle(s), driven by member(s) of staff, should the need arise.

I understand that photographs/videos may be taken on the trip and give consent for my son/daughter to be photographed/videoed on this occasion.

The school takes the health and wellbeing of all taking part in educational visits very seriously. It has an excellent safety record and arranges many such trips. However, no activity is completely risk free and I understand that while all reasonable steps will be taken to safeguard those involved, there is still an element of risk attached to visits.

Name of Parent/Guardian/Carer (please print).....

Signature of Parent/Guardian/Carer..... Date:.....