

Fulston Manor School

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Academy Trust Registered in England: Company No. 7343725

Trip to the Amazon Fulfilment Centre, Tilbury – Tuesday 2nd July 2019

STUDENT NAME: _____

I wish my son/daughter to be allowed to take part in the above-mentioned school visit and activities. I agree to him/her taking part in any or all of the activities. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter during the visits/activities.

PHOTOGRAPHS

I consent to my son/daughter/ward having their personal information, including photographic images, being published in any of the following:

| <u>Please tick boxes to indicate your consent:</u> | Yes | No |
|--|--------------------------|--------------------------|
| Fulston Manor School Newsletter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fulston Manor School Website..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fulston Manor School Photographs..... <i>(we may be required to share personal information with the photographic company we use)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Photographs being supplied to the Press..... <i>(for the publication of class photographs or educational and sporting achievements)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fulston Manor School social media accounts..... <i>(including Facebook and Twitter)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fulston Manor School Open Days..... <i>(where we provide information about students' academic achievements to the public)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

I agree to pay for any damages which may be occasioned solely through the misconduct or carelessness of my son/daughter to the person or property of any other parties, on the understanding that such agreement should not be interpreted as in any way precluding possible access to insurance claims or other means of redress should such access be deemed more appropriate.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN

NAME & INITIALS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBERS:

HOME: _____ WORK: _____ MOBILE: _____

If not available at the above, please state an alternative contact:

NAME: _____

TELEPHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Continued overleaf...

A High Performing Academy Trust

Headteacher A G Brookes MA (Cantab)

(PLEASE COMPLETE THE MEDICAL QUESTIONNAIRE ON THE REVERSE OF THIS FORM AND SIGN BOTH SIDES)



Medical Questionnaire

STUDENT NAME: _____

DATE OF BIRTH: _____

NAME & ADDRESS OF FAMILY DOCTOR: _____

TELEPHONE NUMBER OF FAMILY DOCTOR: _____

DOES YOUR SON/DAUGHTER/WARD SUFFER WITH ANY PHYSICAL DISABILITY, IMPEDIMENT OR MEDICAL CONDITION OF WHICH WE SHOULD BE AWARE?

(please tick one box) YES NO

If Yes, please give details below or on a separate sheet which should be firmly attached:

HAS YOUR SON/DAUGHTER/WARD HAD ANY OF THE FOLLOWING:

(please tick one box)

| | YES | NO |
|---|--------------------------|--------------------------|
| Asthma or Bronchitis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart condition..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Fits, fainting or blackouts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe headaches..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Allergies to any known drugs or medication..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other allergies, e.g., material, food, insect bites, etc..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Any recent contact with contagious disease and infections..... | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of these questions is Yes, please give details below or on a separate sheet which should be firmly attached:

| | YES | NO |
|---|--------------------------|--------------------------|
| Has your son/daughter/ward received vaccination against Tetanus in the last ten years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your son/daughter/ward receiving medical treatment of any kind from either your Family Doctor or Hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your son/daughter/ward been given specific medical advice to follow in emergencies? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either of these questions is Yes, please give the details below, including dosage of any medicines/tablets.

I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN EMERGENCY TELEPHONE NUMBER(S): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____