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Phoenix Community  
Primary School  
Belmont Road  
Ashford  
Kent  
TN24 9LS



13<sup>th</sup> January 2022

### Kingswood Residential trip

Dear Parent/Carer,

You have previously shown an interest in your Year 6 child attending the residential trip to Kingswood Activity Centre between 24<sup>th</sup> and 26<sup>th</sup> June.

If your child is attending this trip can I, please ask you to complete and return the attached permission slip.

We will be holding a meeting nearer the time to discuss this trip; sleeping arrangements, food, medication and what they need to bring with them. We will let you know once this meeting has been confirmed.

If you have any urgent questions before this date, please feel free to ask a member of staff.

Yours sincerely,



Mr Chris Johnson  
Headteacher



*Responsibility ~ Courage ~ Collaboration ~ Reflectiveness ~ Independence ~ Resilience*



# Consent Form For Participants Under 18 Years On An Offsite Visit

School: Phoenix Community Primary School

Visit to: Grosvenor Hall, Ashford, Kent

Dates & Times: Friday 24<sup>th</sup> June – Sunday 26<sup>th</sup> June 2022

I agree to my child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

taking part in this visit. 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 agree to my child taking part in the specific activities named below. I confirm that I have been given the opportunity to view the Risk Assessments completed for the range of potential activities (activity program will be confirmed nearer the time and will include some of these activities):

- Zip Wire, Sports and games, Skyclimb, raft building, quad bikes, powerfan, navigational activities, initiative tasks, go karts, fencing, camp fire, archery, aeroball, aerial walkway, climbing, abseil, 3G swing.

Please email [officemanager@phoenix-primary.kent.sch.uk](mailto:officemanager@phoenix-primary.kent.sch.uk) if you would like a copy of the risk assessments emailed to you.

## MEDICAL QUESTIONNAIRE

Has your child had any of the following:

- |  |     |    |
|--|-----|----|
| • Asthma or Bronchitis                                       | YES | NO |
| • Heart condition  | YES | NO |
| • Fits, fainting or blackouts                                | YES | NO |
| • Severe headaches   | YES | NO |
| • Diabetes   | YES | NO |
| • Allergies to any known drugs or medication                 | YES | NO |
| • Any other allergies e.g. material, food, insect bites etc. | YES | NO |
| • Other illness or disability                                | YES | NO |
| • Any recent contact with contagious diseases and infections | YES | NO |

If the answer to any of these questions is YES, please give details in the box below:

**ADDITIONAL INFORMATION**

- |   |     |    |
|---|-----|----|
| • Has your child had a tetanus in the last ten years?                                   | YES | NO |
| • Is your child receiving medical treatment from either your Family Doctor or Hospital? | YES | NO |
| • Has your child been given specific medical advice to follow in emergencies?           | YES | NO |

If the answer to either of these questions is YES, please give the details here: (including dosage of any medicines/tablets)

- |   |     |    |
|---|-----|----|
| • Does your child need regular medication administered? | YES | NO |
|---|-----|----|

If the answer to this question is YES, please complete the attached 'prescription only medication' form.

If you want to give permission for your child to have either calpol or piriton during the visit, please complete the attached 'non-prescription medication' form

I consent to any emergency medical treatment necessary during the course of the visit. In the event of my child requiring emergency treatment and the Headteacher (or his representative) being unable to contact me, I give consent for the member of staff accompanying my child to hospital to approve the application of any emergency treatment including anaesthetic as advised by the medical authorities for the well-being of my child.

My child is allergic to/suffers from .....

Child/Parent address .....

Child's doctor name and surgery .....

Emergency contact number .....

Signed ..... Date .....

Name of parent/carer .....

Child/Parent address .....