



# 24 Hour Knit-a-thon

4pm 19th February - 4pm 20th February



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I give my permission for my child \_\_\_\_\_ from tutor group \_\_\_\_\_ to participate in the 24 Hour Knit-a-Thon on February 19 – 20 2016. All the information on the Medical Form is correct. I understand that the school will not be responsible for lost possessions.

Name of Participant \_\_\_\_\_ Signature of Participant \_\_\_\_\_

Name of Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Student's Mobile Number \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Date \_\_\_\_\_





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Student Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

KasCare is a charity organization which aims to raise awareness about, and offer support to, orphanages in sub-Saharan Africa. KasCare coordinates donations in the form, for example, of knitted squares which are then sewn into blankets. These knitted items are made by groups of people internationally to provide warmth and comfort to vulnerable children.

In order to raise enough money whilst covering costs (such as knitting tools and yarn), students wishing to take part must make a pledge to pay at least \$250HKD. This money does not include a separate \$60 to be brought on the day of the event for food and beverages. The \$250HKD should be either raised through sponsorship or paid via cheque made payable to "Sha Tin College". Please fill out the details of whomever is sponsoring/paying the minimum donation in the table below:

	Given Name	Surname	Sponsor (HKD)	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			Total Raised:	

I have enclosed a sponsorship in cash or cheque for \$250 payable to Sha Tin College (Please make sure that the student's name and Tutor is written on the back of the cheque if submitted in this form.).





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This form is for food choices which are pre-ordered and will be charged for on the day of the 24-hour Knit-a-Thon (\$60). Please hand this in, along with the attached Sponsorship Form. If there are any questions, please message, email, or ask student leaders during meetings held before the event (which will be posted on the school bulletin and 24 Hour Knit-a-Thon Facebook page).

Name \_\_\_\_\_ Tutor Group \_\_\_\_\_

Please tick one Pizza Box pizza type for dinner on February 19:

Meat Lovers     Hawaiian     Vegetarian

Please tick either one of these McDonalds meals for brunch on February 20:

Sausage McMuffin Meal     Hotcakes Deluxe Breakfast  
 Filet-O-Fish Meal     Deluxe Breakfast

Please also state whether you would like a hash brown and the drink you would like from this set meal:

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Please also tick any of the boxes below: (Note that if you do not know how to knit yet, you will have to learn how to before the event)

I am a beginner at knitting squares     I have knitted before  
 I can knit at least 2 squares     I can knit more than 2 squares

Tick this box if you can bring your own knitting needles to the  event

Finally, tick this box if you are a senior school student looking for a CAS  minor

If there is any additional information regarding allergies or medication, please let us know below:

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**MEDICAL INFORMATION AND CONTACT DETAILS UPDATE FOR LOW RISK TRIPS -  
ADVISORY – CONFIDENTIAL**

Activity		
Date of activity		Activity leader:

Full Name of Student		Class
HK ID Number		

Details of any current medical condition (e.g. allergies, asthma, diabetes, epilepsy, etc)	
Details of any current medical treatment including medication they are taking or will bring on the trip.	
Details of any dietary requirement or allergy information.	
Are there any physical activities your child may have difficulty taking part in?	
Any other information about the student we should be aware of	
Emergency Telephone	Emergency Mobile

**Declaration:**

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that it is my responsibility to inform the school of any previous or new health problems or injuries and I am aware that if I have not, the school cannot be held responsible for the consequences.

I hereby give consent and full authority for the staff or agents of the school to arrange for and consent to any medical treatment or hospitalisation for my child / guardian while s/he is in the care of the school. I further authorise these staff members to enter into and execute, on my behalf, such documents or consents as may be required by Medical Practitioners, Health Care Professionals or Hospitals for such purposes. I have read the communications sent by the school relating to this trip and give consent to my son/daughter's participation.

Signed		Date	
Name		Relationship to student	

