

Medical Information

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

This form should be completed by a parent or guardian

Name of Student Date of Birth

Parent/Guardian Tutor Group

House Name

Building

Number Road

Village

Town County

Post Code Home Telephone

NHS number of student

Doctor's Surgery

Telephone Number

Medical Notes

Does the student suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? YES/NO if YES, please give details below

Is the student allergic to anything? (Antibiotics, any particular food or drug, etc) YES/NO if YES, please give details

Please indicate any other special dietary requirement, e.g. vegetarian, vegan, diets for religious reasons:

Is the student receiving any medical treatment at present? YES/NO If YES, please give details of any pills, medicines etc below. Please also attach a current medical certificate confirming fitness to take part in the event.

Has the student had contact with any infectious illnesses within the last month? YES/NO If YES, please give details

Date of anti-tetanus

Medication required should be give to the teacher in charge, clearly marked with the student's name and full instructions for use, except for inhalers, which may be retained by the student. (Spare inhalers should be given to the teacher in charge).

Please put below any other information of which the College should be aware?

EMERGENCY PERMISSION

I authorise the teacher in charge or any other accompanying teacher to give permission to the doctor to undertake whatever treatment is considered necessary

I authorise the teacher in charge to give the student Paracetamol if required

Signed

Dated