

YOUNG LEARNER SUMMER SCHOOL MEDICAL CONSENT FORM

TO BE COMPLETED BY THE PARENT

PLEASE RETURN THIS FORM TO THE COLLEGE PRIOR TO ARRIVAL

Name of Student: _____ Dates _____

Does your child suffer from any condition/s requiring medical treatment, including severe travel sickness? Yes No

If yes, please give details.....

Yes No

Does your child have any allergies (food / insect bites / medicine)?

If yes, please give details

Yes No

Does your child take any medication regularly?

If yes, please give details

Yes No

Do you give permission for the college staff to administer medicine in case your child is ill **before contacting you?** Yes No

If yes, which one/s

- paracetamol (or paracetamol-containing medicine)
- Ibuprofen
- cough medicine
- sore throat medicine / lozenges
- plasters

I understand that the college staff will be acting “in loco parentis” and, in the event of an accident, I agree to my child receiving emergency dental, medical or surgical treatment, which might include the use of anaesthetics and blood transfusions as considered necessary by the medical authorities present.

I agree to inform the school as soon as possible of any change in the medical circumstances of my child between the date on which I completed this form and the arrival to the college.

Name of the parent

Contact telephone numbers Home..... Work

Mobile.....

Email address.....

Signed: (Parent/Guardian)