



Harrow House & Oldfeld

Medical Consent Form

For students under 18 years of age a parent or guardian must complete this form
For students over 18 years of age, please complete this form yourself



STUDENT'S ARRIVAL DATE _____ STUDENT'S DEPARTURE DATE _____

STUDENT'S FAMILY NAME _____

FIRST NAME _____

DATE OF BIRTH (DD/MM/YYYY) _____

GENDER Male Female

HOME ADDRESS _____

EMERGENCY CONTACT DETAILS: Name _____

Telephone _____ Relationship to student _____

Relationship to student: Father Mother Guardian

Level of English: Beginner Elementary Intermediate Upper Intermediate Advanced

MEDICAL INFORMATION

Does the student suffer from and or take medication for:

DIABETES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
EPILEPSY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ASTHMA	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CARDIAC DISEASE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ECZEMA	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MIGRAINE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FAINTING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If YES please specify _____

Has the student had any recent fractures / broken bones / injuries in the last year that have ongoing consequences?

YES NO If YES please specify _____

Has the student suffered from any illnesses or diseases in the last year that have ongoing consequences?

YES NO If YES please specify _____

Does the student suffer from Allergies / Intolerances / Sensitivities? (food / dogs / cats / etc.)

YES NO If YES please specify _____

Does the student take any medication on a regular basis?

YES NO If YES, please specify _____

Please ensure you bring sufficient medication in its original packaging with you for your stay at Harrow House

Does the student suffer from any other condition that is important for us to know

YES NO

If YES, please specify _____

CONSENT TO TREATMENT

I give permission for the student to receive the following non prescribed medication from the College:

Paracetamol	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diarrhoea remedy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ibuprofen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Dehydration treatment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Antihistamine	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Antiseptic wound cleanser	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Constipation remedy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Sticking plasters	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Antiseptic throat spray/lozenges	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Salbutamol Inhaler (emergency use for diagnosed asthmatics only)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I give permission for the student to receive the following medical treatment where necessary:

GP appointment and prescribed medicine	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Emergency hospital treatment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Blood transfusion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	General anaesthetic	YES <input type="checkbox"/>	NO <input type="checkbox"/>

In the event of a medical emergency, you will be contacted at the earliest possible time to give updates and seek detailed consent.

A child (under the age of 16 years) can consent to treatment as long as they have enough understanding and intelligence to appreciate fully what is involved in their treatment. This is known as being 'Gillick competent'. Additional consent by a person with parental responsibility is not required. Any person over the age of 16 years is deemed capable of consenting to their own treatment.

I confirm that the student has sufficient supplies of prescribed medication for the entire length of their stay

I confirm that the information given is true to the best of my knowledge and understand that any information given will be held in confidence

Please inform Harrow House by email if the medical condition of your child changes between the period of signing this Medical Consent Form and the arrival day.

SIGNATURE _____ DATE _____