

# Medical Information Form (under 18s)



Student's name .....

Does your son/daughter have any medical conditions or mental health problems? Yes  No

If yes, please give details .....

Does your son/daughter have any special educational needs or behavioural problems?

(eg dyslexia, ADHD) Yes  No

If yes, please give details .....

Does your son/daughter have any allergies? Yes  No

If yes, please give details .....

Is your son/daughter on any medication? Yes  No

Students on medication should bring a letter from their doctor written in English with the name of the medicine, the dosage and frequency it should be taken and the condition for which it is prescribed. Please confirm precise details including dosage

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Do you give permission for medical treatment to be given to your son/daughter in an emergency?

Yes  No

Do you give permission for our staff/homestays to give your son/daughter 'over the counter' or non-prescription medicine if required? Yes  No

Please give the contact details of your son's/daughter's doctor at home

Name .....

Telephone number ..... Email address .....

Students are responsible for the care and administering of their own medication. Can you confirm that your son/daughter is able to self-administer his/her medication? Yes  No

Does the medication need to be kept in a fridge? Yes  No

Does your son/daughter have medical insurance? Yes  No

If your son/daughter is from the EEA (European Economic Community), does he/she have a valid EHIC (European Health Insurance Card)? Yes  No

Do you have any other useful information which will help us to support your son/daughter while he/she is in England? (eg past medical history, history of homesickness, first time abroad, boyfriend/girlfriend issues, recent death of a family member or friend, etc)

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Signed ..... Name ..... Date .....