

**Medical Consent Form**

Please complete this form as completely and as accurately as possible.

1. Has your child registered with a doctor in the UK before?

If yes, please provide their NHS number, the name and address of the GP surgery, and doctor's name.

2. Does your child have any specific medical conditions requiring medical treatment and/or medication? If yes, please provide details

3. Does your child have any allergies? If yes, please provide details

4. Will your child be taking any medications or remedies on a regular basis? If yes, please provide details

Please note:

Medications and remedies must **not** be brought into the Boarding House without consent from the Nurse.

All prescription medication must be recorded by the Nurse and stored securely, the Nurse will assess your child's ability to do this and will help them to store and/or administer medications.

Please provide extra information on a separate page where necessary.

5. Please provide details of vaccinations that your child has received and that date received:

Vaccinations	Date	Vaccinations	Date
Tetanus Toxoid		Rubella	
Poliomyelitis		Hepatitis B	
BCG or HEAF test		MMR	
Others			

Staff will provide basic first aid provisions for students and will administer medications and remedies according to our medical policies. Please give details of the medications and treatment that you give permission for staff to administer/recommend.

*Please tick any/all that apply.*

Paracetamol	<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>	Antihistamine tablets/sprays	<input type="checkbox"/>
Anaesthetic creams/sprays	<input type="checkbox"/>	Plasters	<input type="checkbox"/>	Antiseptic wipes/creams	<input type="checkbox"/>

**Medical Guidelines**

Parents are responsible for ensuring that the college is provided with correct, up to date information and for informing the college of any changes to the information given in this form.

For more information about the medical provision made at DLD College please see our medical policies and first aid policy available on our website.

**Declaration by Student**

I hereby certify that the information given in this form is true and correct and I give consent for staff to act as they find appropriate within the confines of the information given in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration by Parent/Guardian**

I hereby certify that the information given in this form is true and correct and I give consent for staff to act as they find appropriate within the confines of the information given in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_