

Medical Questionnaire

The following questions are asked only to give the School/College necessary information about the health of the student. This information will be treated in the strictest confidence.

Personal Details:

First Name:

Last Name:

Date of Birth: - -

Age:

Gender: Male Female

Nationality:

Centre:

Course:

Course Code:

Arrival date: - -

Departure date: - -

The form should be filled in by the parent, guardian or person responsible for the payment of the student's course fee. Please answer all questions in English and IN BLOCK CAPITALS.

	(Please tick)	No	Yes
Does your child have, or have they ever had asthma or any other respiratory condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have, or have they ever had fits or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any allergies to medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a bed-wetting condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child sleep walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty when undertaking physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child experience muscular or joint problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any behavioural condition (for example, ADHD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any learning difficulty (for example, dyslexia)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your child bring any medication with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that all medication must be given to Our World staff on arrival and is kept by the Centre Manager. We can only accept medication licensed in the UK. Please only send medicines that have been prescribed by a doctor or that are not listed in point 1 below.

If you answered Yes to any of the questions above, please provide full details of the condition, inform us what medication the student will bring, the generic (not brand) name of the medicine, how often the medicine should be taken, how much should be taken and if there are any side effects:

Date of last Tetanus Immunisation:

Declarations (Please tick)

No Yes

I give permission for authorised members of Our World staff to give my child medication that can be purchased from a registered pharmacy, including but not limited to: cough medicine, anti-histamine, paracetamol, bites and stings spray, Arnica cream or sore throat tablets.

I give permission to Our World staff to seek the advice of any health care professional deemed relevant to the welfare of my child and for the advice given to be followed, including the administration of prescription medications.

In an emergency, if I cannot be contacted to give my permission, I authorise Our World staff to sign consent for an emergency operation or procedure and the administration of an anaesthetic.

Parent or guardian with parental authority

I confirm that the information on this form is correct and my child is fit to take part in the activities of the course. I agree to inform Our World staff immediately if any information changes.

Signature

Print name

Date