



Student Medical Form

This form must be completed before any student commences a course at Abbey College.

Full Name

Date of Birth

HISTORY OF PREVIOUS ILLNESS

Has he/she suffered any of the following?

	YES	NO		YES	NO
Measles			Hay Fever or other allergies e.g. drugs		
German Measles			Eczema or other skin disorders		
Whooping Cough			Asthma or bronchitis		
Chicken Pox			Bed wetting		
Mumps			Any back or joint problems		
Meningitis			Psychiatric or nervous ailments		
Diphtheria			Diabetes		
Poliomyelitis			Epilepsy		
Glandular Fever			Operations		
Rheumatic Fever			Serious accidents		
Tropical illness			Congenital problems		
Jaundice			Was the birth abnormal?		
Blood disorders			Were there development problems?		
Recurrent Tonsillitis			History of dyslexia/ADHD or learning difficulties.		

Please add details:

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DETAILS OF ANY OTHER MAJOR ILLNESSES OR OPERATIONS

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Has he/she consulted a specialist for any other reason?

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Is he/she at present on any medication? (Including inhalers/epipens etc.)

Please note students should only bring medication that has been prescribed by the doctor and must provide a copy of the prescription or doctor's letter for each medicine.

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FAMILY HISTORY

Are there any conditions or family circumstances which the doctor should know about?
E.g. allergies, diabetes, dyslexia or social problems?

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INOCULATION DATES: Please state dates of primary course and the most recent one.

Polio		Mumps	
Tetanus		Measles	
Diphtheria		Rubella	
Influenza		Cholera	
Yellow Fever		Typhoid	
Hepatitis A		BCG	
Hepatitis B			

I agree to my child being given preventative treatment against any of the aforementioned diseases, as and when it is recommended.

Signed:

Please state any specific objections:

MINOR MEDICATIONS:

Do you give permission for staff to give your child the following medications if required?

	YES	NO
Paracetamol		
Ibuprofen		
Cough syrup/sweets/lozenges		
Antihistamine cream		
Indigestion tablets		

NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR:

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TREATMENT AS A PRIVATE PATIENT (please circle Yes or No)

In the event of your child requiring hospital or specialist treatment do you wish him/her to be treated as a private patient? (This will cost extra) Yes No

If **Yes** is he/she covered by your own arrangements? Yes No

Dental Treatment – Do you wish him/her to be treated as a private patient? (This will cost extra) Yes No

Opticians – Do you wish him/her to be treated privately? (This will cost extra) Yes No

MEDICAL TREATMENT

Do you agree to your child having an anaesthetic if advised so by a doctor and we cannot contact you to obtain permission? Yes No

Do you give approval for an appropriate member of college staff under the guidance of college staff to administer minor medications (e.g. paracetamol) and basic first aid if required? Yes No

Are you happy for the college to arrange dental and optical treatments as appropriate? Yes No

ANY IMPORTANT ADDITIONAL INFORMATION

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PARENTS/GUARDIAN.....

HOME ADDRESS.....

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TELEPHONE.....

E-MAIL ADDRESS (of parent).....

IN THE EVENT OF AN EMERGENCY WHO SHOULD THE COLLEGE CONTACT?

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CONTACT DETAILS IF DIFFERENT FROM ABOVE:

HOME ADDRESS.....

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TELEPHONE.....

DOES THE EMERGENCY CONTACT SPEAK ENGLISH?

Please inform the college of any changes to the contact details by e-mail to the address below.

I confirm that I have read and understood all sections on this medical form, and that it is my responsibility to notify the college of any changes/additional information that may have an effect on my child's health during the course.

Signed:

Abbey College

253 Wells Road, Malvern, WR14 4JF, Tel: +44 1684 892300 Fax: +44 1684 892757

www.abbeycollege.co.uk enquiries@abbeycollege.co.uk