ABBEY COLLEGE IN MALVERN

MEDICAL FORM - TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

All information on this form is confidential and will remain with Abbey College unless required by UK law. The information is required to ensure all relevant people are aware of any medical conditions which might affect your child's well-being, safety or academic progress and how best to support them in the unlikely event of an emergency.
Please return this form completed to Abbey College via email to registrar@abbeycollege.co.uk

Student Details

First Name		DOB	
Last Name			
Nationality		Gender	

Medicine

Does your son/daughter take regular medication? ☐ **Yes** ☐ **No**

If yes, please name all medication, including dosages, and instructions for use in English (please ensure your son/ daughter carries their medication in their hand luggage while travelling). Prescription/letter from specialist/doctor is **compulsory**; otherwise the medicine will be confiscated.

_____

_____

Medical Allergy? ☐ **Yes** ☐ **No**

If yes, description: _____

Emergency Medication: _____

Food Allergy? ☐ **Yes** ☐ **No**

If yes, description: _____

Emergency Medication: _____

Dietary Requirements? ☐ **Yes** ☐ **No**

If yes, description: _____

Travel Sickness? ☐ **Yes** ☐ **No**

Previous GP Registration/ Family Doctor (If registered in the UK)

Doctor's name: _____ Phone Number: _____

Address: _____

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Previous Dentist/ Orthodontist (If registered in the UK)

Dentist/Orthodontist's name: _____ Phone Number: _____

Address:_____

_____

Is your son/daughter currently receiving any dental care? (i.e. Braces):

_____

Do you consent for your child to have regular dental check-ups? ☐ **Yes** ☐ **No**

Vaccination Dates

Polio		Mumps	
Tetanus		Hepatitis B	
Measles		BCG	
Rubella		Typhoid	
Cholera		Yellow Fever	
Diphtheria		Influenza	
Hepatitis A		Covid-19	

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

Name: _____ Relationship to Student: _____

Signature: _____ Date: ___/____/_____

Medical History

Has he/she suffered from any of the following?

	Yes	No		Yes	No
Measles			Eczema/skin problems		
Whooping Cough			Anorexia/Bulimia		
Mumps			Conditions eye/ear		
Chicken Pox			Psychological problems		
Meningitis			Blood disorders		
Asthma			Emotional Problems		
Epilepsy			Operations		
Diabetes			ADHD/Dyslexia		
Heart Condition			Bed wetting		

If yes, please give details: _____

_____

Details of any other major illnesses and operations: _____

_____

Permission for Emergency Medical Care

We will make every reasonable effort to contact you should a medical emergency arise. In case we cannot contact you quickly enough, we must have your consent to your child receiving urgently needed treatment.
I give consent for the student named above to receive treatment which is, in the opinion of the United Kingdom National Health Service professionals, urgently necessary, including the administration of a local, general or other anaesthetic, operations, optical and dental care.

Name: _____ Relationship to Student: _____

Signature: _____ Date: _____

Permission for non-prescription Medicines and First Aid

Please give your consent for your child to receive simple non-prescription medicines and First Aid whilst in the care of Abbey College staff. These may include Paracetamol, Ibuprofen, Cough Mixtures, Antihistamines and wound dressings.
I give consent for the student named above to receive non-prescription medicines and First Aid at the discretion of an Abbey College Trained First Aider. I certify that my son/daughter has not had an adverse reaction to any aforementioned medications.

Name: _____ Relationship to Student: _____

Signature: _____ Date: _____

Further Information

Is there anything else we should know about your child which might affect their care during their course?

☐ Yes ☐ No

If yes, please give details: _____

_____

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In the event of an emergency, who should the college contact? (Name, Address, Phone Number):

_____

_____

_____

Does the emergency contact speak English? ☐ Yes ☐ No

I declare that all information given is correct and that I have read and understood all sections of 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.

Signature: _____ Date: ___/____/_____