

**Office Use Only**

Date Received:

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**INTERNATIONAL STUDENT  
MEDICAL INFORMATION & CONSENT FORM (2011) FOR THE DURATION OF THE COURSE**

*To be completed by a Parent*

**1. Student Personal Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Course \_\_\_\_\_ Personal Tutor (if known) \_\_\_\_\_

**Address in Home Country** \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**Address in England (if known)** \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**2. Names and Addresses of Parents****Parent 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home/Evening Telephone No. \_\_\_\_\_ Day/Work No. \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

**Parent 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home/Evening Telephone No. \_\_\_\_\_ Day/Work No. \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

*Please note: The College cannot give information to parents (or anyone else\*) relating to a student's academic progress, attendance or social development, without the student giving consent to the College to disclose information. This consent was requested on the application form and may/may not have been given.*

*\*You should be aware that information about a student's application, enrolment, attendance and progress at Strode College may be passed to the Home Office for purposes connected with immigration.*

**3. Name of Guardian**

**Strode College strongly recommends that parents of students under the age of 18 at the start of their course appoint a guardian in the United Kingdom and that students over the age of 18 should preferably have a guardian appointed. The guardian will be required to carry out tasks and responsibilities as delegated by the student's parent(s). The guardian should be able to take any necessary decisions on behalf of the student's parent(s) including consent for medical treatment.**

**Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home/Evening Telephone No. \_\_\_\_\_ Day/Work No. \_\_\_\_\_

Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

**4. Student Medical Information (CONFIDENTIAL)**

Please provide full medical details and ensure these are updated where necessary.

**Does your son/daughter have any of the following?**

Anaphylaxis Yes No	Severe allergy Yes No	Triggers	Emergency medication & where carried?
Severe Asthma Yes No	Other ongoing breathing difficulties Yes No	Medication	Where carried?
Panic Attacks Yes No	Trigger		
Type 1 Diabetes Yes No	Regular medication	Dosage/frequency	Emergency sugars / medication & where carried
Epilepsy Yes No	Other seizure Yes No	Type of seizure	Emergency instructions, including any emergency medication
Head Surgery Yes No	Serious Head Injury Yes No	Nature of surgery and / or injury	Ongoing effects
Other Recent Surgery Yes No	Recent Injury Yes No	Date of surgery / injury	Ongoing effects
Heart Condition Yes No	Name of condition	Effects	Emergency instructions
Other Chronic Health Condition(s) Yes No	Name of Condition	Medication	Effects
Has your son/daughter received a tetanus immunisation in the last five years? Yes No			Date of immunisation
Has your son/daughter received 2 doses of the MMR (measles, mumps and rubella) vaccine?			Yes No
Has your son/daughter received 1 dose of the Meningitis C vaccine?			Yes No
Please be aware that many UK universities will require their students to be immunised before arrival and you may have to prove that this has been done. If your son/daughter has not received these vaccinations they are available free of charge on the NHS if they are a student on a full-time course more than 6 months long. The vaccination would be administered in their local doctor's surgery and will need to be booked by your son/daughter.			
Is your son/daughter receiving current medical treatment and has he/she been given specific advice to follow? Yes No			Details
Is there any special information that the College first aider (medical assistant) should be aware of? Yes No			Details
Is a medi-alert bracelet/necklace worn? Yes No			
Does your son/daughter have a special diet ? Yes No			Vegan Vegetarian Coeliac Other

Name of Doctor in England (if known) \_\_\_\_\_ Surgery Telephone No. \_\_\_\_\_

Name of Surgery &amp; Address \_\_\_\_\_

**5. Please tick yes or no to each consent listed below:**

	Yes	No
I agree to my son/daughter participating in approved learning activities, as part of the course of study, which may take place OFF the College premises within the United Kingdom for ONE day only (trips involving overnight stays will require separate permission from you)		
I give permission for my son/daughter to attend Student Association social events		
I give permission for images of my son/daughter to be used for newsletters, prospectuses and on the College website		
I understand that the copyright and intellectual property of my son's/daughter's work which is originated solely by my son/daughter, remains with my son/daughter. I also understand that if my son/daughter receives assistance with his/her work from staff or other students then the copyright and intellectual property rights are shared		
I give permission for my son's/daughter's original work (such as paintings, comments or artefacts) to be published in College publications		

6. Please tick the appropriate box:	Yes	No
My son/daughter previously received examination concessions e.g. extra time		
My son/daughter holds a current statement of special needs/educational psychologist's report		
7. Travel Documents		
When does your visa expire? _____		

**Confirmation** *To be signed by parent*

I agree that the medical information is accurate and up-to-date to the best of my knowledge. I or the guardian will take responsibility for informing my son/daughter's Personal Tutor throughout the year of any changes to this information. Any changes of contact details will be communicated to the College/Team Administrator.

In the event of serious injury or illness every attempt will be made to contact parents/guardians immediately, but it is important that emergency treatment is not delayed while permission for treatment is being sought. For all students it is useful to have prior permission for any such treatment e.g. anaesthetics or blood transfusions and for any treatment deemed necessary by qualified medical staff.

I give my permission for the emergency medical services to carry out essential procedures.

Yes  No  **Please Note: One box must be ticked**

Signature of Parent \_\_\_\_\_

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for completing this medical information & consent form. Your son/daughter should bring it with them when they come to the College to enrol**