EV5

SOUTH & CITY COLLEGE BIRMINGHAM

MEDICAL AND CONSENT FORM

PLEASE COMPLETE AND RETURN

1. General Information

Student Number________________________

Name of Student________________________

Date of Birth__________________ Age______

Name of Course________________________

Date of Visit:

From______________ To:______________

Home Address________________________

____

____

Telephone Number________________________

Name of person to be contacted in an emergency

____

Relationship to student________________________

Daytime Tel. Number________________________

Evening Telephone Number________________________

Address if different________________________

____

____

2. Medical Information

*(please answer **all** questions as fully as possible.*
Use reverse of this form if necessary)

Do you have any illness, injury or disability? ***Yes*** ☐ ***No*** ☐

If yes, give details________________________

____

Have you suffered from epilepsy? ***Yes*** ☐ ***No*** ☐

If yes, give details of severity and frequency

____

Have you suffered from asthma? ***Yes*** ☐ ***No*** ☐

If yes, give details of severity and frequency______________

____

Are you currently receiving medical treatment? ***Yes*** ☐ ***No*** ☐

If yes, give details of treatment and prescribed medication:

____

____

Give details of any particular dietary requirements:

____

____

Give details of any allergies e.g. medicines, food, animals or materials:

____

____

Have you been injected against tetanus?

Yes ☐ ***No*** ☐ Date________________________

Name & Address of your Doctor________________________

____

____

____

Telephone Number________________________

3. Consent

I understand that during the period of my stay abroad, if I am taken ill or injured to the extent that some medication or surgery is required, I authorise the leader of the group or the duty member of staff to sign on my behalf any form of consent which may be required.

Signed________________________*(Sign & Print)* Date______________

IF THE STUDENT IS UNDER THE AGE OF 18, THIS MUST ALSO BE SIGNED BY THE PARENT OR GUARDIAN

Signed________________________*(Sign & Print)* Date______________