

**... Confidential Health Record**

**This section of the form must be completed by a parent or guardian. All information in this section of the registration form will be treated as strictly confidential and only used to ensure the health and safety of the student concerned.**

Name and address of GP / family doctor :

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Does the student have any condition which is or may be life threatening Yes:  No:  If yes please provide details:

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Please provide details of any medical condition which could affect the student's college life e.g. physical disability, asthma, epilepsy, diabetes, heart disorder, deafness, depression, anorexia nervosa :

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Please provide details with dates of any serious injuries, illnesses or surgical operations:

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Please provide details of any allergies including allergies to drugs especially Penicillin :

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Please provide details of any medication being taken:

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Does the student wear contact lenses and if so what type i.e. soft or hard

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In the event of an accident or medical emergency we will call an ambulance or transport and accompany the student to the nearest hospital casualty department by taxi. At the same time we will telephone the numbers on this form. Should a situation arise where we are unable to contact you and the hospital staff consider that it is essential to carry out medical procedures for which the permission of a parent or guardian is required we would like your authority to give that permission. If you would prefer not to give permission then we will provide the hospital staff with the telephone number on this form and transfer the responsibility for contacting you to them.

**I authorise the Principal of MP, or in his absence, the person in charge of the college at the time, to give permission for emergency medical procedures in the circumstances outlined in section . . . above**

Signature of parent/guardian

Print name

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Date of signature

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