

# Crown Guardians (Bath) Ltd.

The Limes, Weston Lane, Bath, BA1 4AB, UK Tel 01225 423327 Mob 07715123299 mail@crownguardians.co.uk



## Medical Form – TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN

All information on this form is confidential and will remain with Crown Guardians (Bath) Ltd. 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 Crown Guardians (Bath) Ltd. via email to [mail@crownguardians.co.uk](mailto:mail@crownguardians.co.uk)

### Student Details:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nationality \_\_\_\_\_ Date of birth  Gender \_\_\_\_\_

### Medication:

Does your son/daughter take regular medication? No Yes

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)

### Current Medical Treatment:

Is your child currently undergoing any treatment or medical investigations? This includes orthodontic treatment. No Yes

If yes, please give us as much information as possible, including any prescription dosages, name/address of specialist, and arrangements for follow-up once at school. Letters from the specialist would be very helpful.

Medical Allergy? No Yes

If yes, Description \_\_\_\_\_

Emergency Medication \_\_\_\_\_

Food Allergy? No Yes

If yes, Description \_\_\_\_\_

Emergency Medication \_\_\_\_\_

Dietary Requirements? No Yes

If yes, Description \_\_\_\_\_

Travel Sickness? No Yes

## Medical History:

Epilepsy	No	Yes	If yes, please give details _____
Diabetes	No	Yes	If yes, please give details _____
Asthma	No	Yes	If yes, please give details _____
Eczema/Skin Problems	No	Yes	If yes, please give details _____
Anorexia/Bulimia Heart	No	Yes	If yes, please give details _____
Conditions Ear/Eye	No	Yes	If yes, please give details _____
Problems Psychological	No	Yes	If yes, please give details _____
Problems	No	Yes	If yes, please give details _____

Any operations, illnesses or conditions not listed above, please give details  No  Yes  
If yes, please give details \_\_\_\_\_

## Emotional Health History:

Is there any history of emotional health issues or treatment of which we should be aware?  No  Yes  
If yes, please give details \_\_\_\_\_

## 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.**

Please Print Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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## Permission for "Over the Counter" Medicines and First Aid:

Please give your consent for your child to receive simple non-prescription remedies and First Aid whilst in the care of Crown Guardians Host families. 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 a Crown Guardians Host families.**

Please Print Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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## Further Information:

Is there anything else we should know about your child which might affect their care during their course? If  No  Yes  
yes, please give details \_\_\_\_\_

**I declare all information given is correct, and if any of the above information changes I will inform Crown Guardians (Bath) Ltd.**

Signature \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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I/We agree to Crown Guardians (Bath) Ltd. storing this information, and sharing it with those persons who are directly involved with my child/children and need to know this information.