

## MEDICAL SAFETY FORM

**THE PARENTS or GUARDIAN OF ANY CHILD AGED 17 OR UNDER MUST SEND US THIS FORM**

No student will be given any medicine by the Centre or allowed to take any medicine that they have brought from home unless we have permission from their parent(s) or guardian. If parents give their child medicine to take with them to England they must have the ingredients of these medicines clearly labelled **in English** in case of emergency.

**PLEASE SIGN THE VARIOUS STATEMENTS AS APPLICABLE AND FAX THEM TO 00 44 1273 430564.** If you have any questions about this form please telephone, fax or e-mail the Centre.

**NAME OF STUDENT:**

**NAME OF PARENT:**

**Emergency tel. no:**

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**TETANUS VACINATION** What was the date of your child's last tetanus injection: \_\_\_\_\_  
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### MILD MEDICINE

In exceptional circumstances the Senior Staff administer mild medicines such as paracetamol, cough medicine or sore throat tablets to children with minor pains or cold symptoms.

I am happy for my child to receive mild medicines Signed: \_\_\_\_\_

**OR**

I do not allow my child to receive mild medicines Signed: \_\_\_\_\_  
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### DOCTOR'S MEDICINE

If we take your child to the doctor and he/she recommends a medicine can we give it to your child?

I am happy for my child to take a doctor's medicine Signed: \_\_\_\_\_

**OR**

I do not allow my child to take a doctor's medicine Signed: \_\_\_\_\_  
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### EMERGENCY HOSPITAL TREATMENT

If the surgeons at the hospital have to operate on your child in the case of an emergency, do you give the Principal, Accommodation and Welfare Officer or your child's host family permission to sign the consent form?

I do give the Principal, Accommodation and Welfare Officer or my child's host family permission to sign the operating consent form in the case of an emergency. Signed: \_\_\_\_\_

**OR**

I do not give anybody permission to operate on my child in case of an emergency. Signed: \_\_\_\_\_



## PARENTAL ACTIVITY POLICY FORM

THE PARENTS or GUARDIAN OF ANY CHILD AGED 17 OR UNDER MUST SEND US THIS FORM

PLEASE SIGN THE VARIOUS STATEMENTS AS APPLICABLE AND E-MAIL OR FAX THEM TO  
00 44 1273 430564 AS SOON AS POSSIBLE.

NAME OF STUDENT:

NAME OF PARENT:

Emergency phone number:

### PHOTOS

Do you give permission for photos of your child to be used for publicity purposes such as website?

Yes, I do give permission      **OR**       No, I do not.      Signed: \_\_\_\_\_

### SWIMMING

Do you give your student permission to swim in the sea or a swimming pool on school visits?

Yes, I do give permission      **OR**       No, I do not.      Signed: \_\_\_\_\_