

# SAFEGUARDING FORM for 16/17 year olds joining our adult courses

**Parents or guardians must fill in and e-mail us this form in advance of the course starting (office@loxdale.com)**

No student will be given medicine by Loxdale or be allowed to take medicine that they have brought from home unless we have permission from you. If you give your child medicine to take with them to England, please have the ingredients clearly labelled **in English** in case of emergency.

**NAME OF STUDENT:**

**NAME OF PARENT:**

**Emergency tel. no: +**

## VACINATION

When was your child's last tetanus injection:  
Has your child had their 2 Covid vaccinations?

## EXISTING HEALTH CONDITIONS:

Please tell us about any problems or issues with your child's health and well-being. If we are not told in advance about a physical or mental health condition, we reserve the right to terminate his/her course.

<b>Does your son/daughter have:</b>	Asthma or bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	A heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Epilepsy, fits, fainting or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Severe headaches or migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Allergies to known medicine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other allergies e.g. materials, food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Travel sickness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Bed-wetting/incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Any history of mental health problems (including eating disorders or hyperactivity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Anything else we need to know? \_\_\_\_\_

Is your son/daughter on regular medicine? Yes  No  If so, what? \_\_\_\_\_

## MILD MEDICINE

Do you allow this? Yes  No

Senior Staff and hosts may need to give mild medicines (paracetamol, cough medicine, antihistamine or sore throat tablets) to children with minor pains or cold symptoms.

## DOCTOR'S MEDICINE

Yes  No

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

## EMERGENCY HOSPITAL TREATMENT

Yes  No

In an emergency, do you give the Principal, their designated Senior Staff or your child's host family permission to sign consent for an emergency operation? We will always contact you as quickly as possible.

