



**MEDICAL INFORMATION AND CONSENT FORM  
(LEARNER/PARENTAL/GUARDIAN)**

**For  
Educational Visit, Residential Field Course, Overseas Visit, Work Placement  
This form must be completed for all learners.**

As part of the essential/desirable content of the course named below you are required to undertake a period of time in an educational visit\*/ a residential field course\*/an overseas visit/ a work placement\* for which your consent or a parent's/guardian's consent is required. (\*Delete as appropriate)

Parental/guardian consent is required for all under 18's.

Learner Name: .....

Address: .....  
.....

I agree to my son\*/daughter\*/ward\* participating in an educational visit\*/ residential field course\*/ overseas visit\*/ work placement\* and in the event of my child requiring urgent medical treatment during the visit, I agree to accept that the supervising member of staff may act on my behalf and take such action as may be appropriate to safeguard the health of my child.

From ..... to .....

as part of the: ..... course

Name: .....Relationship to Learner: .....

**Emergency contact next of kin/parent or guardian: -**

Name .....

Home address ..... Tel No. ....  
(If different from above)

Works address ..... Tel No. ....

Mobile No.....

Please state any religious/faith requirements .....

**\* You must inform the college of any changes to the above information.**

**Medical Information** – *This information is supplied in confidence.*

a) Do you\*/does your child\* suffer from any conditions requiring medical treatment including medication? Yes  No

Please include any relevant details of the condition and medication required.

b) Blood group (if known) .....

c) Are you\*/is your child\* allergic to anything, including medication? Yes  No   
Please detail allergies: .....

d) Have you\*/has your child\* received a Tetanus injection in the last five years?  
Yes  No

e) Have you\*/has your child\* ever had Chicken Pox? Yes  No

f) Are you\*/is your child\* up to date with the MMR injection? (Measles, Mumps, and Rubella) Yes  No

If no to any of the 3 previous questions. College advises that you contact your GP and arrange for inoculations.

NB If you answered **NO** to never having chicken pox you are advised to ask your GP for a blood test to check for natural immunity and if no natural immunity is found then you are advised to receive the Chicken Pox immunisation.

I undertake to inform (name of staff) ..... who is in charge of the visit as soon as possible of any change in medical circumstances.

Signature of parent/guardian/individual ..... Date .....

Please note accidents results from use of alcohol or drugs may invalidate the college insurance. The college has no responsibility for situations arising from non-disclosure of any medical condition. Please be aware that, even though out of college, your son/your daughter/your ward\* will be expected to abide by college regulations as outlined in the Learner Planner.

NB (this form must be available to Centre Administrator or the PA to the Head of Centre on departure).  
Store in Educational Visits file.