



## Medical Form for Buckswood Lions.

First name(s): \_\_\_\_\_ Male/Female: \_\_\_\_\_

Surname: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Agent's email address (if applicable): \_\_\_\_\_

**Your child's welfare is of paramount importance to us. In order to ensure their wellbeing whilst at Buckswood Lions. It is essential that you tell us as much as possible about their health needs.**

Has he/she ever lived in the UK? \_\_\_\_\_

Does he/she have any of the following conditions and, if so, when were they diagnosed?

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Hay Fever \_\_\_\_\_ Epilepsy \_\_\_\_\_

Other \_\_\_\_\_

Has he/she ever been admitted to hospital (Please give details): \_\_\_\_\_

Are they allergic to anything? \_\_\_\_\_

**If your child is on any medication, prescribed or otherwise, we must be made aware so that we can inform the relevant staff – this will be kept locked away and given under supervision:** \_\_\_\_\_

If there is anything else we should know about to help your child while we are looking after them e.g. any dietary requirements, intolerances or any extra support they may require please let us know as this aids with the settling-in process. \_\_\_\_\_

I agree to suitably qualified school and NHS staff giving appropriate medical treatment and First Aid.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student: \_\_\_\_\_