

# GROUP LEADER MEDICAL CONSENT FORM

(valid for 2018)

Please return this form to the school before arrival.  
It will help LTC provide the best care possible and look after your welfare.



Full Name: \_\_\_\_\_  
Group Name (if applicable) \_\_\_\_\_  
Course Dates \_\_\_\_\_

Please send us a medical certificate in English if you suffer from any serious illness or an allergy.

## PART I

	Yes	No
Do you have a physical disability? <i>If yes, please fill in Part II of this form.</i>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Do you have any allergies (food / insect bites / medicine)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you on a special diet? <i>Please note that we will need a doctor's certificate in English.</i>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details.....  
.....  
.....

	Yes	No
Do you suffer from any conditions requiring medical treatment, including severe travel sickness?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details.....  
.....

	Yes	No
Do you take any medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details (which one, how often, etc).....  
.....

	Yes	No
Do you carry an Epi-Pen? <i>Please note that LTC staff cannot administer it.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Who should we contact in case of emergency?

Full Name:	Who is this person to you?	Email
.....	.....	.....
Mobile no:.....	Other telephone.....	Do they speak English? .....

In the event of an accident, I agree to my receiving emergency dental, medical or surgical treatment, which might include the use of anaesthetics and blood transfusions as considered necessary by the medical authorities. I agree to inform the school as soon as possible of any change in my medical circumstances between the date on which I completed this form and the arrival at the school.

Group Leader Name:.....	Signature.....
Mobile no:.....	Email .....

**PART II**

Yes No

Do you have any physical difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If YES, please complete this page.</b>		

**Your Mobility**

Yes No

Do you use a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>
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**Wheelchair Details**

Please state maximum **outside dimensions** of the wheelchair .....**weight**.....  
 Does the wheelchair fold up? Yes  No

Yes No

<b>Can you get up from the wheelchair unaided?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If so, can you leave the wheelchair</i>		
For short periods e.g. to use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
For longer periods e.g. a short walking distance?	<input type="checkbox"/>	<input type="checkbox"/>
To enter a car or taxi?	<input type="checkbox"/>	<input type="checkbox"/>
To get into a coach?	<input type="checkbox"/>	<input type="checkbox"/>
On activities and excursions?	<input type="checkbox"/>	<input type="checkbox"/>
To go up or down one or two small steps?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you can walk for longer periods, do you find it difficult to</b>		
Walk uphill?	<input type="checkbox"/>	<input type="checkbox"/>
Walk downhill?	<input type="checkbox"/>	<input type="checkbox"/>
Walk on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>
Walk upstairs?	<input type="checkbox"/>	<input type="checkbox"/>

Are you independent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a helper?	<input type="checkbox"/>	<input type="checkbox"/>

**If there is a helper, are they available**

Yes No

24 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>
In accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
With activities and excursions?	<input type="checkbox"/>	<input type="checkbox"/>
To lift/support/carry you *	<input type="checkbox"/>	<input type="checkbox"/>
To move the wheelchair & you?*	<input type="checkbox"/>	<input type="checkbox"/>

*\* Please note LTC staff and suppliers ( coach companies, homestay etc cannot carry people /wheelchairs for insurance reasons)*

Please give any other details of what the helper can do:

.....  
 .....  
 .....  
 .....

LTC Eastbourne is an 18<sup>th</sup> century building. The school has wheelchair access but limited facilities for disabled people. Most residence is upstairs and we have no lift. We only have one residential room suitable for wheelchair users in LTC. Homestay is a minimum of 15 minutes' walk from the school. There are only one or two family homes suitable for wheelchair users.

We will do all we can to make reasonable adjustments for you. However, we need detailed and full information. We reserve the right to refuse you if we believe that essential information has been withheld or we cannot provide a suitable and secure environment for you.