

UNDER 18's MEDICAL CONSENT FORM

(valid during 2017)



eastbourne

TO BE COMPLETED BY PARENT / GUARDIAN

Please return this form to the school before arrival.

LTC cannot accept responsibility for the welfare of under-18s unless we receive a completed form.

Name of Student: _____
 Group Name (if applicable) _____
 Course Dates _____

Please send us a medical certificate in English if your child suffers from any serious illness or an allergy.

PART I

Yes No

Does your child have any psychological conditions, learning difficulties or a physical disability? <i>If yes, please fill in Part II and/or Part III of this form.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Yes No

Does your child have any allergies (food / insect bites / medicine)? Are they on a special diet? <i>Please note that we will need a doctor's certificate in English.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details.....

Yes No

Does your child suffer from any conditions requiring medical treatment, including severe travel sickness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details.....

Yes No

Does your child take any medication regularly? Do they need help administering it? <i>Please note that LTC staff cannot give medicines to your child unless they have been prescribed by a doctor</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details (how often, etc).....

Yes No

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

Can your child take part in high-intensity physical activities (e.g. football, rugby, swimming, etc)? Does your child have any past or current injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please give details.....

I understand that the school staff will be looking after my child and, in the event of an accident, I agree to my child 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 the medical circumstances of my child between the date on which I completed this form and the arrival at the school.

Name:..... Signature..... Parent/guardian

Mobile no:..... Other telephone..... Email

PART II

Yes No

Does your child have any psychological conditions or learning difficulties?

If YES, please complete this page.

Does your child have any long-standing illnesses, health problems or disabilities with any of the areas below.

Long-standing means a condition or illness that your child has had for the last year.

Yes No

Mobility – moving around indoors or outdoors	<input type="checkbox"/>	<input type="checkbox"/>
Hand movements – touching or holding	<input type="checkbox"/>	<input type="checkbox"/>
Personal care – going to the toilet, dressing	<input type="checkbox"/>	<input type="checkbox"/>
Eating and drinking without help	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence – wetting or dirtying	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>
Communication - speaking with others, or understanding them	<input type="checkbox"/>	<input type="checkbox"/>
Learning – numbers, letters, words	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour – very active, has a short attention span, behaves unacceptably	<input type="checkbox"/>	<input type="checkbox"/>
Fits or seizures	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed with Autism or Asperger Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Can be depressed, or anxious, or has an eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe other areas of great difficulty)	<input type="checkbox"/>	<input type="checkbox"/>

If you said **YES** to any of the above...

Do these difficulties affect your child in the following areas:

Yes Sometimes No Don't know

Classroom learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with his or her classmates / peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joining in other school activities e.g. breaks, social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day to day life outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your child seen a professional (such as a pediatrician, a psychologist or a speech therapist) because of the difficulty?

Yes No

If yes, please give details (including what help or special equipment your child will need at LTC).....

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PART III

Yes No

Does your child have any physical difficulties? If YES, please complete this page.	<input type="checkbox"/>	<input type="checkbox"/>
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Student Mobility

Yes No

Does your child 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

Can your child get up from the wheelchair unaided?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If so, can he / she 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"/>
If your child can walk for longer periods, do they find it difficult to		
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"/>

Is your child independent?

Does your child have a helper?

If there is a helper, are they available

Yes No

24 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>
In the classroom ?	<input type="checkbox"/>	<input type="checkbox"/>
Outside the classroom ?	<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 the student *	<input type="checkbox"/>	<input type="checkbox"/>
To move the wheelchair & student?*	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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LTC Eastbourne is an 18th century building. The school has wheelchair access but limited facilities for disabled students. 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 a student. However, we need detailed and full information. We reserve the right to refuse a student if we believe that essential information has been withheld or we cannot provide a suitable and secure environment for them with a non-stressful learning situation for students and staff.