

# ADULT STUDENT MEDICAL CONSENT FORM

(valid for 2018)



## TO BE COMPLETED BY THE STUDENT

Please return this form to the school before arrival.

Name of Student: \_\_\_\_\_  
 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 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>	<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 (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"/>

	Yes	No
Do you have any past or current injuries?	<input type="checkbox"/>	<input type="checkbox"/>

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

I understand that the school staff will be looking after me and, 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.

Name:..... Signature..... Student  
 Mobile no:..... Other telephone..... Email .....

## PART II

Yes No

**Do you have any psychological conditions or learning difficulties?**

**If YES, please complete this page.**

**Do you have any long-standing illnesses, health problems or disabilities with any of the areas below.**

*Long-standing means a condition or illness that you have 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 you 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 your 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"/>

**Have you 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 you will need at LTC).....

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**PART III**

Yes No

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

**Student 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 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 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 students/wheelchairs for insurance reasons)*

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

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LTC Eastbourne is an 18<sup>th</sup> 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.