summer schools 2015 – MEDICAL & dietary requirements

To ensure the safety of yourself and others on the Summer School, the University needs to be made aware of any medical, mobility or dietary requirements.

**It is a requirement of attending the Summer School that we are notified of any such conditions, and that you and a parent or guardian, sign the declaration and return it to us at:** [**summerschools@falmouth.ac.uk**](mailto:summerschools@falmouth.ac.uk)

**OR  
Summer Schools, UK Recruitment & Outreach, Falmouth University, Falmouth Campus, Woodlane, Falmouth, TR11 4RH**

Please note it is important to not leave any fields blank, if details do not apply, note N/A or None.

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL INFORMATION** | | | |
| Name of student: |  | Date of Birth: | |
| Name of Family Doctor: |  | | |
| Telephone Number of  Doctor’s Surgery: |  | | |
| Does your son/daughter/ward have any conditions requiring medical treatment, including medication? | **YES** □  If YES, please give details of condition (e.g.asthma, epilepsy) and medication: | | **NO**  □ |
| **Students with longer-term medical needs should have a Health Care Plan. In this case, please attach a copy of the Health Care Plan to this form.** | | | |
| Will Summer School staff be required to assist your son/daughter/ward with the administration of any medication? | **YES** □  If YES, please provide details & instructions: | | **NO**  □ |
| Please give details of the pain/flu relief (e.g. paracetamol, aspirin) your son/daughter/ward may be given if necessary: | \*Please CIRCLE as appropriate\*  Aspirin YES/NO Any other notes/requirements?  Paracetamol YES/NO  Ibuprofen YES/NO | | |
| Does your son/daughter/ward have any allergies to medicine? | **YES** □  If YES, please give details: | | **NO**  □ |
| **DIETARY REQUIREMENTS** | | | |
| Does your son/daughter/ward have any food allergies? | **YES** □  If YES, please give details: | | **NO**  □ |
| Please outline any special dietary requirements.  The University will provide catering (e.g. sandwiches for lunch, or canteen-style food). There will be a choice and options (such as gluten free) but they may struggle to meet very specific needs, in which case you may be advised to bring any such specific food-stuffs with you. | **Please tick those that apply:**  Dairy free □ No fish □  Diabetic □ No pork □  Gluten free / Coeliac □ No red meat □  Lactose intolerant □ No shellfish □  Vegetarian □ Nut allergy □  Vegan □ | | |

**To the best of my knowledge the medical and dietary information submitted in this form is correct and up to date.**

**DECLARATION TO BE SIGNED BY THE STUDENT**

|  |  |
| --- | --- |
| **Student Name:­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Signed by the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECLARATION TO BE SIGNED BY A PARENT/ GUARDIAN**

|  |  |
| --- | --- |
| **Parent or guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Signed by the parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |