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**

**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.

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| **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**

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

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

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