**Strictly Confidential**

**SECTION 1**

**Student Next of Kin / Consent Form**

**Please complete all sections, thank you**

**Student’s Details (Please print)**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details (Please Print)**

In case of emergency / illness we may need to contact a parent/carer, relative or friend. Please give two contacts aged 18 or over

**1st Contact (Parent / Carer / Next of Kin)**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Contact**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Publish Photographic Images**

From time to time our College photographer or staff members will take photos in and around College, which the young person may appear in. These photos will be used solely to promote Fareham College and will be held without limit of time. These may be used in printed or electronic form and may appear in different publications (including websites, cinema, advertising boards, television, exhibition panels and other large scale media). To comply with the Data Protection Act 1998, your permission is required before we take any photographs or recordings.

I agree to the above “Permission to Publish Photographic Images” and give my consent.

Signature of Parent/Carer (as student is under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2:**

**Student Medical Details**

**All students are required to complete the following section.**

These details will be held confidentially by the College and only be used if they become ill while at College and/or require medication, or to help staff in the event of an emergency.

**PART A: All student needs to provide the following information.**

**Please provide your doctors details;**

|  |  |
| --- | --- |
| **Surgery Name** |  |
| **Telephone** |  |
| **Doctors Name** |  |

 **Please complete the following table to indicate if the young person has the following medical concerns or condition.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Condition** | **Yes** | **No** | **Comment** |
| Allergy |  |  | ***If yes, what please list allergies and medication taken if any***  |
| Asthma |  |  | ***Please indicate Mild Moderate Severe******Is there a requirement for medication to be stored? If yes please complete stored medication in section 3*** |
| Diabetes |  |  | ***Please give details of specific requirements, is there a requirement of medication to be stored on site.*** |
| Epilepsy |  |  | ***Please provide further information*** |
| Are you prone to fainting, dizziness or blackouts |  |  | ***Please provide further information*** |
| Any Other illness |  |  |  |

**PART B**

**Does the young person have any mental health issues? Please Circle; YES or NO**

**Does the young person have a disability? Please circle: YES or NO**

**If yes please complete the following section. If no please go to’ Part C’**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disability Details** | **Yes** | **No** | **Please provide information** |
| Is the condition permanent? |  |  |  |
| Do they have a visual impairment? |  |  |  |
| Do they have a hearing impairment?  |  |  |  |
| Do they have problems with speech?  |  |  |  |
| Are they wheelchair bound? |  |  |  |
| Do they have walking aids? |  |  |  |
| Do they have problems using your hands? |  |  |  |

|  |
| --- |
| **Please provide details of mental health issues, disability and care requirements if required.** |

**PART C**

*Please circle as applicable;*

Are there any restrictions on the young person taking part in a physical activity? Yes / No

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3**

**PART A Strictly Confidential**

Is there any other medical condition, disability or health issue you feel it would be useful for us to be aware of?

Yes / No

If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have they been hospitalised for any reason in the last year? Yes / No

If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B STORED MEDICATION DETAILS:**

|  |  |
| --- | --- |
| Please give exact details of any medication they take regularly, that is required to be held on college premises. |  |
| Is this medication required to be taken during college hours?  |  |
| Any additional details on requirements. |  |

**Please be aware that the college is not responsible for the administering of any medication and has the provision for first aid facilities only. If it is assessed on completion of this form that additional support is needed for medical needs, then the college will contact you for an individual appointment.**

**I confirm that this Medical Information is correct to the best of my knowledge and authorise a member of Fareham College’s staff to arrange emergency medical treatment should it become necessary on my behalf. I give permission under the Data Protection Act 1998, for the College to process the information on this form.**

**I agree to keep the College informed of any future medical conditions that may develop in order for the College to support the young person effectively. I agree to inform the College of any changes in emergency contact details.**

**As the young person is under 18, parent / carer please sign here please.**

Signature of Parent / Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_