

## SECTION 1

### Student details and next of kin - strictly confidential

Please complete all sections and email this form to [info@fareham.ac.uk](mailto:info@fareham.ac.uk). Please note that Next of Kin details cannot be updated by the student unless they are over 18.

#### STUDENT DETAILS:

Surname:

First name(s):

Gender:

Date of birth:

Home address:

Postcode:

Home telephone:

Mobile:

Email:

#### EMERGENCY CONTACT DETAILS:

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(s):

Title:

Relationship to student:

Contact address (if different):

Postcode:

Home telephone:

Mobile:

Work telephone number:

Email:

##### 2nd contact:

Surname:

First name(s):

Title:

Relationship to student:

Contact address (if different):

Postcode:

Home telephone:

Mobile:

Work telephone number:

Email:

## SECTION 2

### Student medical details

**Please complete and sign this section to enable your child to attend the club.**

These details will be held confidentially by the College and only be used for support services, if your child becomes ill whilst at College and/or requires medication, or to help staff in the event of an emergency.

**PART A: Please complete the following table to indicate if your child has the following medical concerns or conditions.**

Health condition	Yes	No	Comments
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 for medication to be stored? If yes please complete stored medication in section 3.
Epilepsy			Please provide further information
Is your child prone to fainting, dizziness or blackouts			Please provide further information
Any other illness			

**PART B: Does your child have a disability? Tick YES or NO. If yes, please complete the following section.**

Disability details	Yes	No	Please provide information
Is your child's condition permanent?			
Does your child have a visual impairment?			
Does your child have problems with speech?			
Is your child a wheelchair user?			
Does your child use walking aids?			
Does your child have problems using their hands?			
Does your child have any mental health issues?			Please provide details of mental health issues, disability and care requirements if required.

## SECTION 3

### Student medical details

#### PART A: STRICTLY CONFIDENTIAL

Does your child have **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:

Do you believe your child's medical condition requires a risk assessment to be completed?

Yes                      No

Has your child been hospitalised for any reason in the last year?

Yes                      No

If yes please give details:

#### PART B: Stored medical details

Please give exact details of any medication your child takes 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 or you can contact the Careers Centre direct on 01329 815 229.**

**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 2018, for the College to process the information on this form.**

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

Signature of parent/carer:

Date:

#### Permission to publish photographic images and videos

From time to time our College photographer or staff members will take photos and videos in and around College, which your child may appear in. These photos and videos 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 2018, your permission is required before we take any photographs or video recordings of your child.

Signature of parent/carer:

Date: