

MEDICAL FORM

STUDENT MEDICAL INFORMATION

IMPORTANT: Please complete this section accurately and in detail, continuing on a separate sheet if necessary or email more details to info@bucksmore.com.

STUDENT NAME

DATE OF BIRTH

GENDER

MALE

FEMALE

DOES THE STUDENT HAVE ANY OF THE FOLLOWING?

PHYSICAL DISABILITIES?	YES	NO	ASTHMA?	YES	NO
LEARNING DISABILITIES OR DIFFICULTIES?	YES	NO	EPILEPSY?	YES	NO
ANY SPECIAL REQUIREMENTS OR NEEDS?	YES	NO	DIABETES?	YES	NO
ANY MENTAL HEALTH ISSUES?	YES	NO	OTHER?	YES	NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS:

DOES THE STUDENT HAVE ANY ALLERGIES?

E.G. Medicine, animals, etc.

YES NO

ANY DIETARY REQUIREMENTS?

E.G. Eating disorders, intolerance to certain foods, etc.

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS:

IS THE STUDENT TAKING ANY MEDICATION?

YES NO

ANY SPECIAL MEDICAL NEEDS?

YES NO

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT?

E.G. Emotional or behavioural conditions, motion sickness, homesickness, fears or phobias, etc.

YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS:

I CONSENT FOR THE STUDENT TO BE GIVEN THE FOLLOWING IF NECESSARY:

PARACETAMOL	YES	NO	ANTISEPTIC CREAM	YES	NO
IBUPROFEN	YES	NO	SUN CREAM	YES	NO