# MEDICAL TREATMENT CONSENT FORM

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|---|---|
| Student family name: | |
| Student given name/s: | Known As: |
| Date of birth: | |
| Place of birth: Nationality: | |

During the time that my above-named daughter or son is a full-time student at Brooke House College, Leicester Road, Market Harborough, Leicestershire LE16 9AU, England, I give my consent to the following

**A**

For her/him to receive first aid treatment from qualified first aid personnel or such appointed persons as the qualified first aid personnel deem competent.

YES ☐ NO ☐

**B**

For her/him to be offered such non-prescription medicines as the qualified first aid personnel deem appropriate.

YES ☐ NO ☐

**C**

For appropriate Brooke House College personnel to sign any necessary consent forms required for anaesthesia, invasive procedures or surgery.

YES ☐ NO ☐

**D**

For him/her to receive immunisations in accordance with UK Government directives.

YES ☐ NO ☐

**E**

For appropriate Brooke House College personnel to arrange any medical, dental or optical treatment deemed necessary.

YES ☐ NO ☐

**F**

For a member of staff of Brooke House College personnel to accompany her/him to appointments with medical practitioners if necessary..

YES ☐ NO ☐

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|---|---|
| NAME OF PARENT/GUARDIAN: | DATE: |
| SIGNATURE OF PARENT/GUARDIAN: | |
| EMERGENCY CONTACT NAME & NUMBER: | |