



***Medical declaration for students aged under 18***

<b>Name of student:</b>	<b>Date of birth:</b>	<b>Reg No.</b>
<b>Name of parent:</b>	<b>Home Address:</b>	
<b>Emergency contact number in own country:</b>		
<b>Medical Information:</b>		
<b>List any serious illness(es):</b>		
<b>Allergies:</b>		
<b>Current medication:</b>		
<b>Mental health issues:</b>		
<b>Other information:</b>		
<b>Name of guardian in the UK:</b>	<b>Address and telephone number of guardian in the UK:</b>	
<b>Relationship of guardian to student:</b>		
<b>Signed (Father or legal guardian):</b>	<b>Signed (Mother or legal guardian):</b>	
<b>Print name:</b>	<b>Print name:</b>	
<b>Date:</b>	<b>Date:</b>	

**Medical consent** I hereby give my consent to Princes College and medical and emergency professionals to administer First Aid and non-prescription medicines when required, and to Princes College to sign consent forms in an emergency if the parent or legal guardian is not available.

**Parent's signature**.....