ASPIRENorth Schools for Higher Education Programme

Health Form

To be completed by Parent/Carer and returned to hq@aspirenorth.co.uk .
Except in a genuine emergency, no personal information will be distributed to anyone other than the group leader and accompanying staff. **Please delete starred (*) items as appropriate**

Pupil Details
School:
Year group:
Programme: 2018 - 2019
Pupil's surname:
First name:
Middle name/initial:
Address:
Postcode:
Date of Birth:
Pupil's email address:
Pupil's mobile phone:

Medical Information
Does the young person in your care suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? * If YES, please give details. No

Parent/Carer information
Parent/carer contact name:
Relationship to child:
Address:
Postcode:
Home telephone:
Mobile phone:
Email address:

Medical Information continued
Is the young person in your care receiving any medical treatment at present? * If YES, please give details of any treatment, pills, medicines, dosage & frequency No
Is the young person in your care allergic to anything? (antibiotics, particular food or medication etc.) * If YES, please give details. No

Emergency contact information (not same as above) please make nominated person aware that they are emergency contact
Emergency contact name:
Relationship:
Address:
Postcode:
Home telephone:
Mobile phone:
Email address:

Additional Information
Is the young person in your care prone to travel sickness? *If YES, please ensure they have any medication they need to combat this No
Does the young person in your care have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements *If YES, please give details No

Medical contact information
Family Doctor name:
Address:
Postcode:
Telephone:

EMERGENCY PERMISSION
I agree to the young person in my care receiving any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities.
Signed:
Date: