

# HEALTH & MEDICAL INFORMATION



# HEALTH AND MEDICAL INFORMATION

 EXPRESS  
ENGLISH  
COLLEGE  
MANCHESTER, UK

This form collects essential information about the health, dietary requirements, and medical conditions of students. It will only be shared with relevant members of staff who will come into contact with the student concerned, or, if necessary, medical professionals.

For Under 18 students, parent/guardian needs to complete this form.

## STUDENT DETAILS



First name:

Surname:

Date of birth:

Home address:

## PARENTS OR GUARDIANS DETAILS



First name:

Surname:

Relationship to the student:

Contact number:

Address:





# HEALTH AND DIET INFORMATION



## 1. ALLERGIES

Does the student have any allergies/do you have any allergies?

Yes      No

If 'Yes', then please provide full details below:

## 2. DIETARY NEEDS



Does the student have any specific dietary needs/do you have any specific dietary needs? Please tick all that apply.

Vegetarian

Vegan

Halal

Gluten-Free

Lactose Intolerant

Diabetes

No Nuts

Other

If 'other', please explain below:

### 3. ILLNESSES AND DISABILITIES



Does the student have any illnesses, or disabilities/do you have any illnesses, or disabilities?      Yes      No

If 'Yes', then please explain below:

### 4. MEDICATION: If the student takes medication/if you take medication:



Can the student/can you take the medication on their/your own?

Yes      No

**Medication:** Please label all medication with full name and provide clear instructions for its use (dosage, time, frequency etc.)

**Inhalers and EpiPens:** Ensure spares are provided, which are clearly labelled.



## 5. MEDICAL TREATMENT



Is the student/are you currently receiving any medical treatment?

Yes      No

If 'Yes', then please provide full details below:

## 6. ADDITIONAL INFORMATION



Is there any further information we should have regarding the student's health and well-being?      Yes      No

If 'Yes', then please provide full details below:



**TRINITY**  
COLLEGE LONDON  
Registered Exam Centre 69283



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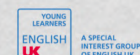
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**EEC** EXPRESS  
ENGLISH  
COLLEGE

# EMERGENCY CONTACT DETAILS



## CONTACT 1

Full Name:  
English LVL:  
Relationship to the student:  
Contact number :

## CONTACT 2

Full Name:  
English LVL:  
Relationship to the student:  
Contact number:

To be signed by Parent/Guardian of Under-18 students only: I authorize Express English College's relevant staff member(s) to give permission for my child to receive any emergency medical treatment as considered necessary by any medical authorities present, in the event of an emergency.

Parent's/Guardian's Signature:

Parent's/Guardian's Name:

Date:

