



Data Protection Act (GDPR) 2018 - The information that you provide on our forms will be held on the computerised database maintained by the college as the data controller. Your data will be used in accordance with the principles set out in the GDPR 2018, which protects the right to privacy of individuals whose personal details are held by the data controller. The Henry Cort Community College will only make details available within the Local Authority; to Hampshire County Council schools and their governance bodies; the Department of Education or any other bodies involved with the care of children in this college. This information is gathered in order to enable the provision of education and other associated functions. In addition, the college may be required by law to collect, use and share certain information. **In accordance with Hampshire County Council's retention schedule we will keep students' data including religion, and medical information until the child reaches age 22, unless there is a child protection issue, in which case the records will be kept until age 25.**

If there are any changes to your child's medical condition(s) it is the parent's responsibility to notify us.

|                                  |  |                       |  |                          |  |
|----------------------------------|--|-----------------------|--|--------------------------|--|
| <b>Name of Student:</b>          |  | <b>Date of Birth:</b> |  | <b>Date of Admission</b> |  |
|                                  |  |                       |  |                          |  |
| <b>Name of Parent (or Carer)</b> |  |                       |  |                          |  |
| <b>Address</b>                   |  |                       |  |                          |  |
| <b>Home Tel No:</b>              |  |                       |  | <b>Work Tel No:</b>      |  |
| <b>Mobile Tel No:</b>            |  |                       |  | <b>Email Address:</b>    |  |

|                        |  |  |  |                          |  |
|------------------------|--|--|--|--------------------------|--|
| <b>Name of Doctor:</b> |  |  |  |                          |  |
| <b>Address:</b>        |  |  |  |                          |  |
| <b>Telephone No:</b>   |  |  |  | <b>Student's NHS No:</b> |  |

| Has your child had any of the following? |                          |                          |                             |                          |                          |
|--|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Condition                                | Yes                      | No                       | Condition                   | Yes                      | No                       |
| Asthma or Bronchitis                     | <input type="checkbox"/> | <input type="checkbox"/> | Allergies to any medication | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Condition                          | <input type="checkbox"/> | <input type="checkbox"/> | Any other Allergies         | <input type="checkbox"/> | <input type="checkbox"/> |
| Fits, Fainting or Blackouts              | <input type="checkbox"/> | <input type="checkbox"/> | Travel Sickness             | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe Headaches                         | <input type="checkbox"/> | <input type="checkbox"/> | Other Illness or Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes                                 | <input type="checkbox"/> | <input type="checkbox"/> | Regular Medication          | <input type="checkbox"/> | <input type="checkbox"/> |

**If the answer to any of the above is Yes, please give details below:**

Please give details of any other conditions that would limit the activities in which your child could participate:

**Additional Information**

**Yes No**

Has your child received a vaccination against Tetanus during the last ten years?

Is your child receiving medical or surgical treatment of any kind from the family doctor, a hospital, or an alternative therapist?

Has your child been given specific advice to follow in emergencies?

If the answer to any of these questions is Yes, please give details below:

**Paracetamol Consent**

**Yes No**

I am happy for you to give my child Paracetamol and I am confirming that:-

- They have had Paracetamol before and they did not have an allergic reaction to it;
- They are not currently taking any medicines that would react with Paracetamol (you can ask the pharmacist if needs be);
- I will inform the college if they start any medicines which would interact with Paracetamol (you can ask the pharmacist if needs be);
- I acknowledge that the first aid staff in college are not medically trained.

In the event of any illness or medical treatment occurring after the return of this form, I undertake to inform the college.

Signature of Parent (or Carer): \_\_\_\_\_ Date: \_\_\_\_\_