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| Course Title: |  | | |
| Title: |  |  |  |
| First Name(s): |  | Date of Birth: |  |
| Surname: |  | Gender: |  |
| Emergency Contact 1 (Name): |  | Tel No: |  |
| Emergency Contact 2 (Name): |  | Tel No: |  |
| Mobile Number: |  | Home Telephone No: |  |
| Medical Information | | | |
| Have you had any illness or operation requiring admission to hospital in the past six months? | | |  |
| Are you currently taking any prescribed medication? | | |  |
| Do you have a hearing impairment? | | |  |
| Do you have a visual impairment? | | | Yes |
| Do you have mobility difficulties? | | | No |
| Have you had or do you have any of the following medical conditions: | | | |
| Asthma/Bronchitis |  | Severe Headaches | No |
| Heart Condition |  | Diabetes | No |
| Epilepsy |  | Allergies to known Drugs | No |
| Fainting | No | Any other Allergies | No |
| Do you have any mental health, stress of anxiety issues? | | |  |
| Medical Notes: | | |  |
| Learning Support | | | |
| Do you have any learning difficulties that may affect your learning? | | |  |
| Do you require any additional learning support? | | | No |
| Do you require any exam access arrangements? | | |  |
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**Please note that failure to disclose any condition may invalidate medical insurance or jeopardise admission to or continuing attendance at the College**

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| Visits and Enrichment Activities |
| During the course of your studies at Myerscough College, you may be required to attend out of College activities both on and off campus. During off-campus activities, students will be supervised in accordance with the ‘Programme for an Off-Campus Activity, Visit or Event’ document. The College will take all reasonable and necessary precautions to ensure the welfare and safety of all students. At all times during off-campus activities students will be subject to normal College Policies and Procedures and must conduct themselves so as not to discredit themselves and/or Myerscough College. If a student fails to meet the standards of behaviour required, the activity organiser has absolute discretion to send a student home at any time. In any such event, the student or his/her parent or guardian will be liable for the cost of the return trip.  All students participating in activities will be covered by the College’s insurance covering liability for the duration of the activity. Personal injury cover however is NOT provided by the College. The student, or where he/she is under 18 years of age their parent or guardian, hereby undertakes to indemnify the College in the event of any loss or damage whatsoever caused by the student participating in the activity and to reimburse the College for any expenditure incurred by the student. **If you are under 18 years old, your parent or guardian must sign the Consent and Indemnity Form** |

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| College insurance does not cover off-campus activities classified as hazardous*\**, however such activities will be covered by the external organisation’s public liability insurance. For overseas trips, all students are responsible for organising their own personal insurance sufficient to their needs. It should also be note that personal effects are NOT covered by College insurance. |

*\* the full list of hazardous activities is available upon request.*

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| The College reserves the right to refuse the student access to any College course or activity if this form is incomplete or if any of the content proves to be inaccurate. |
| I confirm that the above details are true to the best of my knowledge and belief. |
| I hereby consent to my Next of Kin / Emergency Contact, as detailed overleaf, being contacted to give or receive information in relation to concerns around my academic studies, attendance, support and welfare, conduct and behaviour, medical conditions, and, if relevant, residency at Myerscough College. |

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| **Student Name:** |  | **Date:** |  |
| I hereby consent to the above named participating in activities relevant to their course, approved enrichment activities or residential activities whilst at Myerscough College and I understand and agree to the terms of the indemnity set out above. | | | |
| **Signature of Parent:** |  | **Date:** |  |
| Parent \* / Guardian \*/ Next of Kin \* for person under 18 years old *(please delete as appropriate)* | | | |