



THE CORNWALL COLLEGE GROUP

PERSONAL HEALTH DATA

Please note that ALL information given will be treated in accordance with the College's Confidentiality and Data Protection policies, see full details at <https://www.cornwall.ac.uk/governance/your-information>

| | |
|------------------|------------------------|
| Name of Student: | |
| Course: | |
| Date of Birth | Session (e.g. 2018/19) |

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| 1. If you have a medical condition of which the College should be aware, please give details below: |
| Medication used: |
| Do you need to take this medication or carry it with you during the college working day: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please discuss your medication requirements with your Personal Tutor |
| Do you feel you will require any extra support because of this condition? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please specify: |

| | |
|---|-------|
| 2. Your Doctor's details: | |
| Name: | |
| Address: | |
| Telephone: | |
| Important: If your course requires specific health information you will be asked to complete an additional Personal Health Checklist. You may also be asked to provide this information for consent to participate in off-site student activities or work experience. It is important that you notify the college immediately of any change to your medical health. | |
| Student Signature: | Date: |

Parent / Guardian / Carer – Important for Learners under 18.

Learners who are 18 years of age or over agree to this statement by signing above.

I agree to provide information of any particular complaint, or an allergic reaction to medication as necessary.

I agree to provide the college with emergency contact details and I will ensure that the college is notified of any changes to those contact details.

I consent to any emergency medical treatment required by my son/daughter/ward.

| | |
|----------------------------|-------|
| Parent/Guardian Signature: | Date: |
|----------------------------|-------|

By signing this form I hereby consent to the processing of my personal data in line with the Cornwall College Privacy Notice (available at www.cornwall.ac.uk/governance/your-information)

Please complete this form and bring it with you at the start of term and hand it to your personal tutor the your earliest opportunity.

OFFICE USE ONLY

| | |
|--|-------|
| Programme Manager: | |
| Personal Tutor Signature: | Date: |
| Risk Assessment and Support Plan completed: YES <input type="checkbox"/> Not Required <input type="checkbox"/> | |
| Personal Evacuation Plan completed YES <input type="checkbox"/> Not Required <input type="checkbox"/> | |
| Administration of Medication to Students procedure, including: | |
| Request for Cornwall College to administer medication form received: YES <input type="checkbox"/> Not Required <input type="checkbox"/> | |
| Acceptance by Cornwall College to administer medication form completed: YES <input type="checkbox"/> Not Required <input type="checkbox"/> | |
| Care Plan and Permission sheet completed: YES <input type="checkbox"/> Not Required <input type="checkbox"/> | |
| Healthcare Plan completed: YES <input type="checkbox"/> Not Required <input type="checkbox"/> | |

NOTES - The College through its employees and agents will at all times take reasonable care of your son/daughter/ward. If they have an accident or suffer loss of or damage to their personal effects and money, which is not as a result of any lack of care on the part of the College, its employees or agents, the College will not be able to pay any damages or meet any consequent expenses. Similarly if your son/daughter/ward incurs any liability towards a third party in respect, for example, of any injury caused by them to that third party, or damage caused to the third party's property, the College will not be responsible for this unless it can be shown to be at fault in some way. Details of College insurance cover can be provide on request.