

PERSONAL HEALTH AND CARE INFORMATION



THE CORNWALL COLLEGE GROUP

Please provide a summary of any personal health, medication and care needs of the student that the College needs to know.
If information is provided, a member of college staff will work with the student (and guardians where appropriate) to find out more detail and create a personal medication and / or care plan with you.
Full details are available in the Medication and Care Policies

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	Academic Year: (EG: 2024 -2025)

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 NO
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:	
I agree to provide updates and all important information in relation to my health, care or medication needs 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 as outlined above or as agreed in a medication or care plan.	
Student Signature:	Date:

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.

Whilst students aged over the age of 16 can make their own decisions about their health, medication and care, we encourage students to enable parents / carers, or other family members, to support them. We encourage parents / carers to support young people in making decisions, or act on their behalf, provided that the young person is happy for them to do so.

Where a parent/ guardian has been involved in completing this form, please sign below.

Parent/Guardian Signature:	Date:
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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 Programme Manager at your earliest opportunity.

OFFICE USE ONLY

Form received by:	
Signature:	Date form received:
Request for Cornwall College to administer medication: YES Not Required	
Acceptance by Cornwall College to administer medication form completed: YES Not Required	
Medication and / or Care Plan created: YES Not Required Please follow guidance in the Medication Procedure or Intimate Care Procedure on Insight	
Personal Evacuation Plan completed YES Not Required	

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.