

OVER 18 MEDICAL CONSENT FORM

Students Name: _____

To be completed by student over the age of 18

I consent to my photograph Yes No

Do you have any health problem requiring special care? Yes No

If you have answered yes to the above please give details ...

Please provide any details of any medication that you are taking...

I consent to essential medical information being shared with relevant members of staff in Nottingham College International and with my host (*if applicable*) Yes No

I agree to receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by any medical authorities present. Yes No

Please note that the students are responsible for the administration of their own medicines

Next of Kin Name: _____

Next of Kin Address: _____

Next of Kin Tel No.: _____

Next of Kin Email: _____

(This information will be kept and stored as emergency contact details)

I declare that the information supplied on this form is correct to my knowledge and will inform the International Office at Nottingham College International if any of these circumstances change.

Student Signature: _____ Date:

Contact/Return Details

Please send your completed form to: international@snc.ac.uk

If you have any questions about accommodation, please contact international office on: **+44 115 884 2218** or email us at: international@snc.ac.uk