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Kimbolton School

Kimbolton School Occasional Boarding.

 Kimbolton House
 01480 862253

 White House
 01480 862259

Pupil Name_____ Year /Tutor_____ To stay in: Kimbolton House / White House (delete as appropriate)

Date and Time of Arrival_____

Date and Time of Departure_____

Number of Nights	Please note [•]	that these	charges will	be under
disbursement on the following term's	fee invoice.			

GP Name ______ GP Telephone Number _____

Contact number while away_____

Emergency contact; name and telephone number_____

Pupil's mobile telephone number_____

I agree to my son/ daughter staying in the boarding house and accept the rules and conditions that apply to boarders at Kimbolton School.

Signed_____

Medical Information / Dietary requirements.

Does your son / daughter Have any special dietary requirements? YES / NO If yes, please give details_____ Suffer from any condition requiring medical treatment or medication? YES / NO If yes, please give details_____

Have any medication and is under 16. YES / NO If yes, this needs to be given to the Houseparents, who will observe administration. Have any allergies? YES / NO, Please give details._____

Signed_____Date____Date_____

KIMBOLTON SCHOOL

CONSENT TO ADMINISTER OVER THE COUNTER MEDICATION

During his/her time at the school your child may require simple "over the counter" medication.

As part of their role as "in loco parentis", the school nursing staff and boarding house staff may need to administer medication if required to your child.

The following medications are included:

Paracetamol (tablets or syrup i.e. Calpol) Ibuprofen Strepsils Piriton OR Cetirizine Anthisan cream

Lemsip/Lemsip Max (Paracetamol /Phenylephrine)

The boarding house staff are guided by the school doctor and the nursing staff in the administration of these medications. However, we need signed parental consent in order to do this. Please complete and sign the form below and return it to the nursing team or the boarding house.

Thank you.

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_____(parent) authorise the school nursing/boarding house staff to

administer over the counter medication as required to _____ (pupil)

Signed	parent/guardian
Date	

I understand that in an emergency every effort will be made to obtain my consent to an operation/ or procedure /or administration of an anaesthetic, but if this proves impossible I hereby authorise the school to act in loco parentis.

Signed parts

parent/guardian