



**RATCLIFFE COLLEGE LANGUAGE  
SUMMER SCHOOL  
Medical Form**

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates at College: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Contact Details: NAME: \_\_\_\_\_

TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_

Date of last tetanus injection: \_\_\_/\_\_\_/\_\_\_

Known allergies: \_\_\_\_\_

Current medication: \_\_\_\_\_

Relevant medical history: \_\_\_\_\_

Any other information: \_\_\_\_\_

*Please sign below to give consent for the above student to be given non-prescription medication, such as mild analgesia, and first aid treatment as necessary.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Please return your completed forms no later than **4 weeks** prior to your departure to  
[summerschool@ratcliffe.leics.sch.uk](mailto:summerschool@ratcliffe.leics.sch.uk)