

Medical & Special Educational Needs Form

Student details	
First name of student	
Last name of student	
Date of birth	
Course dates (start and end date)	
Mobile phone number of student while in Ireland	
Email address of student	

Next of kin / Emergency contact	
First name	
Last name	
Relationship to student	
Phone number	
Mobile phone number	
Email address	
Level of English	

Please read the following information carefully and tick (✓) ALL the relevant boxes on the left as shown in the example below:

Please tick (✓) the boxes on the left to indicate that you understand and agree to our terms. Please give additional details if and where required.

I UNDERSTAND AND AGREE THAT:

	It is my responsibility to notify Atlas Language School of any sickness, disability, allergy, mental health issue, special educational need, or any other relevant medical information relating to me. I must provide an up to date medical form at the time of booking and inform the school of any changes.
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MEDICAL DETAILS

1. Do you have any allergies (e.g. pets, food, medication, etc.)?	
YES	NO
If yes, please list allergies:	
2. Do you have any medical condition or illness that requires medical treatment?	
YES	NO
If yes, please specify medical condition in detail:	

3. Are you taking any medication at present?	
YES	NO
If yes, please provide the name(s) of the medication:	
If yes, can you take/administer the medication yourself or do you need assistance? YES NO	
4. Do you have a history of anaphylaxis (life threatening allergic reaction requiring an EpiPen (adrenaline autoinjector))?	
YES	NO
If yes, so do you carry an EpiPen (adrenaline autoinjector)? YES NO	
5. Can you be given over-the-counter medicine (e.g. paracetamol, cough medicine)?	
YES	NO
6. I agree that in the case of illness I should be attended by a doctor or hospitalised or operated in an emergency, and may be given medication according to a qualified doctor's advice.	
YES	NO
If required, please specify which actions Atlas staff or the host family should take in a case of emergency:	
7. Do you have any special educational needs or conditions that affect your learning?	
YES	NO
If yes, please specify in detail:	
8. Are there any additional relevant requests or information about your health and learning that Atlas staff should know?	
YES	NO
If yes, please specify in detail:	
9. Would you like to speak to a member of staff in confidence upon arrival at the school?	
YES	NO

Please sign below and return immediately.

This information is confidential and will be dealt with with utmost care on a need to know basis.

I have read and understood the above information.

Signature of self: _____

Date: _____