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**If you are under 18 years of age, please ask your parent or carer to complete and sign this form.**

**STUDENT CONSENT AND MEDICAL FORM**

**Privacy Notice – how we use your personal information**

The College processes personal information in accordance with the General Data Protection Regulation (GDPR). The personal data collected on this form will be held securely and will only be used for administrative purposes, to ensure relevant people are aware of medical conditions which might affect your son/daughter’s wellbeing, and to ensure we can support them. For more details about the College’s privacy policy, please visit [www.btc.ac.uk/privacy-policy](http://www.btc.ac.uk/privacy-policy)

Student’s name (please **PRINT**)

Course: Date of Birth:

**PARTICIPATION IN ACTIVITIES**

Studying at Bridgwater & Taunton College involves a variety of different activities for which the College needs your permission. Your son or daughter will:

* Take part in educational trips that are assessed as low risk within the College day/term time. We will contact you separately for your permission if an activity is classed as high risk.
* Participate in practical activities including workshops and physical activities and use of outdoor facilities.
* Undertake work placements and voluntary work.
* Take part in social activities run by the College including parties and charity events.

**Consent (delete where applicable)**

I consent to my son/daughter participating in the activities mentioned above.

**MEDICAL INFORMATION**

It is important that you write clearly and spell any medication correctly. The College will share medical information you provide with chosen staff including First Aiders and, if the need arises, the Emergency Services.

|  |  |  |
| --- | --- | --- |
| **Does your son/daughter have any of the following conditions?** (please tick as appropriate) | **Yes** | **No** |
| Asthma |  |  |
| Diabetes |  |  |
| Existing heart condition |  |  |
| Seizures/fits |  |  |
| Severe headaches |  |  |

Does your son/daughter have a **severe allergy** that we should be aware of that requires them to carry an Epipen or medication?  Yes  No

If yes, please specify below:

Are they taking any **medication** for an ongoing illness eg. an inhaler?  Yes  No

If yes, please specify below:

Have they been given **specific medical advice to follow in emergencies**?  Yes  No

If yes, please specify below:

Is there anything else that we need to be aware of, including **mental illness**, such as psychosis or **severe mental anxiety or depression** that will impact on their ability to participate in activities?  Yes  No

If yes, please specify below:

**COVID-19**: have they, or anyone in the household, tested positive for COVID-19 in the last 14 days, or are currently showing symptoms of COVID-19?  Yes  No

If you would rather discuss any medical issues privately with our **Health Advisor**, please make an appointment on 01278 455464 ext. 1266 or email [thehealthservice@btc.ac.uk](mailto:thehealthservice@btc.ac.uk)

**EMERGENCY CONTACT:**

|  |  |  |
| --- | --- | --- |
| Name | Telephone number | Relationship to student |
|  |  |  |
|  |  |  |
|  |  |  |

**Parent(s)/Carer(s): In the event of my son/daughter requiring a trip to hospital, or showing symptoms of COVID-19 whilst at College or engaged in College activity, I agree to accompany them off site or to hospital if required.**

**FILMING AND PHOTOGRAPHY**

Bridgwater & Taunton College may wish to take **photographs** and/or **film** of students taking part in College **activities**. These images may appear in printed materials, press releases, social media, placed on our website or other websites (operated by other agencies such as local and national press or specialist media publishers advertising college courses), used in promotional files, DVDs or on/in other media. You have the right to ask the College to stop using your son/daughter’s image at any time, in which case they will not be used in future publications but may continue to appear in publications already in circulation.

**Consent (delete where applicable)**

I consent to my son/daughter having their photo taken or being filmed.

**CONTACTING YOU**

Our usual way of contacting you is by email. I consent to this and can confirm my email address is:

Student email:

Parent email:

**I declare all information given is correct, and if any of the information changes I will inform the College.**

Signed: Date:

PRINT NAME:

Relationship to student: