



MEDICAL INFORMATION

Does your son/daughter:

- Have any special dietary requirements?
- Suffer from any allergy, food or medication?
- Is currently receiving treatment for any condition?
- Has your son/daughter had a tetanus injection in the last 5 years?
- Have any other special needs to consider?
- Does he/she suffer from vertigo?
- Does your son/daughter suffer from travel or motion sickness?
- Does he/she need to take any medication during his/her stay in Spain (specify).
- Has your son/daughter had any recent physical injury?
- Has your son/daughter had an infectious disease or been in contact with one in the last 4 weeks? (specify)
- Or had diarrhoea or vomiting in the last 4 weeks?



Blood group: _____

Please specify any other relevant medical information the host family should be made aware of.

Signed (parents): _____

Date: _____

MEDICAL CONSENT

I understand that in an emergency, every effort will be made to contact the parents immediately, but, it may not always be possible or an imminent course of action might be required and I, (full name) _____

father/mother of _____ give consent to those acting in 'loco parentis' to authorise him/her to receive emergency medical treatment, including anaesthetic, that a medical practitioner may determine necessary.

In case of a mild ailment, I consent to my son/daughter being given only a dose of 1 or 2 tablets of 500 mg of Paracetamol, before my full knowledge of the condition.

Signed: _____ Date: _____