



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 \_\_\_\_\_

**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.



I \_\_\_\_\_ (*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  *parent/guardian*