

# Occasional Boarding Form

**KIMBOLTON HOUSE: 01480 862253**

**WHITE HOUSE: 01480 862259**



Pupil name: \_\_\_\_\_

Year/Tutor: \_\_\_\_\_

To stay in (*please tick*): ☐ Kimbolton House (boys) ☐ White House (girls)

Date and time of arrival \_\_\_\_\_  
(*If your child is arriving post an after school activity, please adjust arrival time accordingly*)

Date and time of departure \_\_\_\_\_  
(*Please let us know if your child is being collected/getting the school bus/walking home or other*)

Total number of nights: \_\_\_\_\_

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 (*please tick*).

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Relationship to pupil:** \_\_\_\_\_

## MEDICAL INFORMATION / DIETARY REQUIREMENTS

**Does your son / daughter (*please tick and explain below*)**

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:** \_\_\_\_\_

# Consent to administer over the counter medication



## BOARDING PUPILS

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**
- **Piriton OR Cetirizine Anthisan cream**

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.

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I .....(parent) authorise the school nursing/boarding house staff to administer over the counter medication as required to .....  
(pupil).

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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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.

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Relationship to pupil:** \_\_\_\_\_

**Date:** \_\_\_\_\_