Oakbridge Guardians Ltd

Medical & Welfare Information Form

F002
Printable / fillable copy

Medical, welfare and support information for safe guardianship.

Complete on a computer (type into the boxes) or print and write clearly in black ink. Tick Yes or No where shown. Boxes with lines are for longer answers. Return the completed form to Oakbridge. Fields marked * are required.

1. Student identification

Do you know the Oakbridge Student ID (OSID)? *

☐ **Yes** ☐ **No**

Oakbridge Student ID (OSID) — one character per box

☐ ☐ ☐ ☐ ☐

If known, enter the 5-digit OSID. New registrations leave this blank.

Student first name *

Student surname *

Preferred name

Date of birth (DD/MM/YYYY) *

School *

2. Medical information

Diagnosed medical conditions? *

☐ **Yes** ☐ **No**

If Yes — give details in this box

Currently takes medication? *

☐ **Yes** ☐ **No**

If Yes — give details in this box

Carries emergency medication? *

☐ **Yes** ☐ **No**

If Yes — give details in this box

Allergies or intolerances? *

☐ **Yes** ☐ **No**

If Yes — give details in this box

Serious illness, injury or surgery? *

☐ Yes ☐ No

If Yes — give details in this box

3. Mental health & wellbeing

Mental health or wellbeing concerns Oakbridge should know? *

☐ Yes ☐ No

If Yes — give details in this box

4. SEND & additional support

SEND / learning support needs? *

☐ Yes ☐ No

If Yes — give details in this box

Other additional support needs? *

☐ Yes ☐ No

If Yes — give details in this box

5. Safeguarding

Any safeguarding information Oakbridge should know? *

☐ Yes ☐ No

If Yes — give details in this box

6. Diet & lifestyle

Dietary requirements? *

☐ Yes ☐ No

If Yes — give details in this box

Lifestyle details Oakbridge should know? *

☐ Yes ☐ No

If Yes — give details in this box

7. GP & insurance

Does the student already have a UK GP / doctor? *

☐ Yes ☐ No

GP name

GP telephone

Health insurance provider

Policy number

NHS number (if known)

Additional information

8. Declaration

If a student is completing this form, a parent / legal guardian must still review and approve it before Oakbridge treats it as final.

- The information provided is accurate and complete to the best of my knowledge.
- I understand Oakbridge will use this information to support the student safely.
- I will notify Oakbridge of any important changes.

I confirm that I have read, understood and agree to the statements above. *

☐ Yes ☐ No

Declarant full name *

Date (DD/MM/YYYY) *

Signature — type full name, or sign in the box if printing *