



**St. Clare's, Oxford**  
— An International Education —

**Medical Form**  
**St. Clare's Oxford Summer Courses 2012**

**Student details:**

Student Name: \_\_\_\_\_

St. Clare's student ID number: \_\_\_\_\_

Parent telephone number in case of emergency: \_\_\_\_\_

**Medical information:**

Do you have a medical condition we should know about? eg. diabetes, allergies, asthma, etc.

\_\_\_\_\_

Please give details of any medication being taken and any action required by St. Clare's.

\_\_\_\_\_

Do you require any special diet? If yes please specify eg. gluten free, nuts, sesame, etc.

\_\_\_\_\_

Signature of parent: \_\_\_\_\_

Name of parent (in capitals): \_\_\_\_\_

*In emergencies please contact St. Clare's on: +44 1865 552031*

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