

## For Parents of Students under the Age of 18 on Junior Courses



### SECTION 1 – Student’s Information

#### Student’s Details -

Full Name: \_\_\_\_\_

Date of Birth: DD / MM / YY Dates of Stay: DD / MM / YY to DD / MM / YY

#### Parent/Legal Guardian Details (with whom the student permanently resides) -

Full Name (Person 1): \_\_\_\_\_

Full Name (Person 2): \_\_\_\_\_

Full Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

*for Emergency use* \_\_\_\_\_

*(Home/Work/Mobile)* \_\_\_\_\_

### SECTION 2 – Parental Consent

At Cavendish School of English we consider our students’ safety to be our first priority. Whilst we take full responsibility for your child’s safety during all programmed activities and will ensure that they are adequately supervised, there are periods during their stay where we offer unsupervised free-time, during which students are able to go out, unsupervised by an adult, in groups of 3 or more.

**By signing below, you agree to your child to go out during the day and evening (no later than 10.30 pm), without supervision and take full responsibility for your child’s safety during this time.**

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Whilst we intend for all students to be accommodated together with other students, there may be periods where a student has to stay alone in the Host Family home with no other students due to optional trips and activities or different arrival/departure dates. During these times, students will always have the company and supervision of the Host Parents.

**By signing below, you agree to your child spending time without other students in the Host Family home under supervision of the Host Parents.**

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – Declaration of Medical Authority

**In the event of illness, having parental responsibility for the named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present.**

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_