



**PARENTAL CONSENT for students under the age of 18
MEDICAL AND AUTHORISATION FORM FOR EMERGENCY MEDICAL TREATMENT**

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at PLUS.

Please note that the student will not be able to start the course until the form is received by Head Office.

Data protection

We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need to know basis during the time when they are enrolled at PLUS; this may include healthcare and welfare professionals.

Medication Guidance:

1. Only prescription medication should be brought on campus. This includes antibiotics, asthma inhalers, AAls, insulin syringes and so on.
2. Medications must be brought in their original container, as dispensed by a pharmacist, labelled with your child's name. They must include instructions for administration, dosage and storage, as well as possible side effects. The exception to this is insulin, which can be brought into school inside an insulin injector pen or pump, rather than its original packaging but we must still receive instructions on administration, dosage and storage, as well as possible side effects.
3. You must provide written consent for your child to be given the medication (in this form).
4. All medications must be in date.
5. The smallest possible amount of medication should be brought on campus. The exception to this is liquid medication, which can only be accurately and safely dispensed from the original container.
6. Medication should be kept in a secure place such as a locked cabinet or a sealed box in a fridge, according to storage instructions. Children must know where their medication is, and who to ask when they need it. However, medications that children may need to access quickly in an emergency should not be locked away. This includes asthma reliever inhalers and AAls. These storage requirements apply not just on campus, but also on trips and excursions.
7. If a sharps box is required for the disposal of injectors, parents should obtain it on prescription and pass it should be brought on campus.
8. You must collect any leftover medication that your child no longer needs, or medicines that have passed their expiry date, from the Group Leader.
9. Best practice is for Group Leaders is to keep a record of children's medication, including the date and time of each dose, how much was taken, and whether there were any side effects. This should be provided by the agent.

Student Information

First name: Family name: Gender: male/female
 Date of birth: Nationality: First language:
 Passport number: Passport expiry date:

Emergency Contact Information (please include country and city codes required to call from the UK THIS MUST BE A PARENT OR LEGAL GUARDIAN

1.
 Title: First name: Family name:
 Relationship to child: First language: Level of English:
 Address:
 Mobile phone: Email:

2.
 Title: First name: Family name:
 Relationship to child: First language: Level of English:
 Address:
 Mobile phone: Email:

Travel

I give consent for my son/daughter to travel to the UK and study at a PLUS campus.
 I agree that my son/daughter can travel unaccompanied (for individual bookings only):

- to and from their nominated campus at the start and end of their course. YES NO
- between the school and his/her homestay of accommodation YES NO

For individual bookings:
 From airport/station etc to centre at the start of the course.
 Details, Flight no. _____ Airport _____ Time _____
 From school to airport/station on departure from the centre.

Accommodation

I agree to my son/daughter staying in the accommodation arranged by PLUS YES NO

He/she understands that he/she must follow the Student Code of Conduct and the campus rules.
 YES NO

If your son/daughter is staying with family members or is in accommodation arranged by yourself, please give full details:

Name of responsible adult in the accommodation: Date of birth:
 Relationship to the child:
 Address:

Mobile phone: Email:

Curfew Times

I agree the following times when my/son daughter must be in their accommodation/ on campus or at their Homestay YES NO

| | |
|----------------------------------|---|
| All Residential Centres all ages | 11:00 in own bedrooms |
| All Residential Centres all ages | 22:30 in the accommodation block/houses |



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|--|-------------------------------|--|
| All Residential Centres 8-13-year-olds | 7 pm back on campus | |
| Homestay 8-13-year-olds | 19:00 no exception | |
| Homestay 14-17-year-olds | 22:30 with written permission | |

Leisure Activities

I give permission for my son/daughter to go on any trips organised by PLUS and to take part in these activities, under supervision of PLUS staff and their Group Leader:

- Ball games YES NO
- Swimming and water sports YES NO
- Canoeing/ kayaking /sailing YES NO
- Horse-riding YES NO
- Archery YES NO

Unsupervised Time

I give permission for my child to have free time for shopping on trips. YES NO

I give permission for my son/daughter to have unsupervised free time on campus in the evening after the evening meal and at weekends subject to curfews. YES NO

General Health

Has your son/daughter required treatment for any of the following conditions?

| | | | | | |
|------------------------------|-----|----|-----------------|-----|----|
| Asthma | Yes | No | Mental health | Yes | No |
| Hay fever | Yes | No | Diabetes | Yes | No |
| Eczema | Yes | No | Crohn's/Colitis | Yes | No |
| Migraine or severe headaches | Yes | No | Epilepsy | Yes | No |
| Allergies | Yes | No | Heart Condition | Yes | No |
| Fits, fainting or blackouts | Yes | No | Travel Sickness | | |

Is your son/daughter on regular medication? YES NO

Does your son/daughter require regular hospital treatment? YES NO

Does your son/daughter take any medication which he/she will bring with him/her? YES NO

Is there anything else we should know about? YES NO

If the answer to any of the questions above is YES, please give details:

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as Paracetamol, cough medicine, throat pastilles, antihistamine or travel sickness tablets? YES NO

In case of an emergency do you give permission for a responsible person on campus or in their accommodation to arrange medical treatment. YES NO
Of course, every effort will be made to contact you, the child's parents/guardians, as quickly as possible.

Medications currently taken:

Diet

Does your son/daughter require a special diet for medical or religious reasons? Yes No

Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact your agent directly so that suitable arrangements can be made. Consent must be given in writing.

Are there any activities/subjects/topics of discussion that you do not wish your child to be party to, that would be considered normal in the UK for under 18s?

Please give details here:

Photographs and Video Clips

I understand that PLUS may take photographs or video clips of students during class or leisure activities and that these images may be used in PLUS's publicity or on its social media site.

Consent

*I give permission for PLUS, its staff and homestay hosts to administer first aid to my child when necessary

*If my child requires medication to be administered to them as detailed in an official doctor's letter, I give permission for the Group Leader to do so and take full responsibility for any consequences of such medication.

*I understand that in the event of a medical emergency, PLUS will endeavour to obtain my consent before any action or medical treatment is administered. However, I understand that where it is not possible to obtain my consent, or where emergency treatment is required, PLUS will act on medical advice and do what is in the best interest of my child.

*I confirm that the above information is correct and that I will pay any expenses resulting from any such medical treatment.

Declaration (please tick boxes and sign below)

I authorise any licenced hospital or doctor to initiate medical treatment for my child

From time to time we collect photos, videos or interviews of students at our schools for marketing purposes. If you agree to your child participating, please tick the box.

I hereby give PLUS consent to use any still and/or moving image (video footage, photographs and/or frames) and/or audio footage depicting my child named above, taken by a photographer/teacher/ member of staff on behalf of PLUS during the English course and social activities at PLUS and in other places visited during social activities, for any of the following uses: Advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes.

Consent

I confirm that the above details are accurate and complete.

I agree to the terms and conditions

I have discussed the agreed arrangements and rules with my son/daughter.

Parent/guardian signature:

PRINT name of parent/guardian

Date