

PARENTAL CONSENT FORM

UNDER 18S STUDYING ON AN ADULT COURSE

This parental consent form must be completed by a parent or legal guardian of students who are under the age of 16 or 17 that are booked on to an adult course at Concorde International. This information will help us to ensure that your child is safe and happy during their stay with us. Please write all details in English and provide as much detail as possible.

Student's details			
Student's name			
Gender	Date of Birth <i>dd/mm/yyyy</i>		
Student's phone number in the UK			
Arrival date <i>dd/mm/yyyy</i>	Departure Date <i>dd/mm/yyyy</i>		
Parent / Legal guardian details – <i>these details will only be used in case of emergency</i>			
Parent /Legal guardians name			
Relationship to student			
Do you speak English?	Yes / No	If yes to what level?	
Mobile phone number			
Home phone number			
Work phone number			
Email Address			
Please tick yes or no to the following questions		Yes	No
My child can have unsupervised free time at break / lunch time in Canterbury City centre		<input type="checkbox"/>	<input type="checkbox"/>
My child can participate in activities and excursions organised by the school.		<input type="checkbox"/>	<input type="checkbox"/>
My child can have unsupervised free time during excursions		<input type="checkbox"/>	<input type="checkbox"/>
My child can go out unsupervised on Saturdays and Sundays during the day within Kent. <i>We do not permit Under 18s to go outside of Kent unless on a trip organised by the school. Student may not go to London on their own.</i>		<input type="checkbox"/>	<input type="checkbox"/>
My child can go out unsupervised <u>before</u> their evening meal (Monday to Friday)		<input type="checkbox"/>	<input type="checkbox"/>
My child can go out unsupervised <u>after</u> their evening meal (Sunday to Thursday) until 9pm		<input type="checkbox"/>	<input type="checkbox"/>
My child can go out unsupervised <u>after</u> their evening meal (Friday & Saturday) until 9pm		<input type="checkbox"/>	<input type="checkbox"/>

Weekend or Overnight stays away: Students are not permitted to have overnight, or weekend stays away from the provided accommodation throughout their stay UNLESS we are informed in advance and in writing from the parent / legal guardian and only if the student will be in the care of a responsible adult aged over the age of 25 and is staying within the United Kingdom. We will need the name, address, contact details and copy of the passport of the responsible adult and the address of the location where the student will be staying. We reserve the right to not allow weekend or overnight stays if we think the trip maybe unsafe for the child.

Medical information and consent

Has your child ever suffered from a serious medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Does your child have any other current medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Is your child undergoing a course of medical treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Is your child currently prescribed and long-term medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Does your child carry any lifesaving medication. E.g., EpiPen Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Does your child have any learning difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Does your child suffer from asthma or cardiac condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Does your child have any allergies? (Food, animal, medication, or other allergies)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details:
Do you consent for your child to be given non-prescription medication if appropriate? (for example paracetamol, ibuprofen...) Yes <input type="checkbox"/> No <input type="checkbox"/>	If NO, please provide details:
Is there anything else you would like to tell us about your child? 	

Photography and Video

Concorde International may take photos and video footage of students taking part in activities and classes for promotional and marketing purposes. These images may be used on our website, printed documents, and social media platforms.

Do you give consent for Concorde International to use photos and video footage of your child for promotional and marketing purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Parent / Legal Guardian signature

I understand that by signing below I consent to:

- I consent to Concorde International acting on my behalf in case my child has a medical emergency and I consent for a qualified state-doctor to give any medical treatment necessary, including an operation and/or the administration of an anaesthetic if I cannot be contacted.
- I consent to Concorde International processing my child's allergies/medical conditions/disabilities that I have provided as part of this application

Parent Signature	Date