

# Parental/Guardian Consent Form



Bayswater Summer operates junior courses for students under the age of 18. It is therefore a requirement that parents / guardians of all students complete the following consent form in order for us to obtain important information about all students. The information will remain confidential and will be used in emergency situations while the student is on the course with us. Please complete all four pages to the best of your knowledge.

## Student Information

Name of Student:

Name and location of course:

Date of birth:

Gender:

Nationality:

Home address:

Student contact number during stay:

Email address

Name of group leader (if applicable)

## Parent / Guardian Information: 1<sup>st</sup> point of contact

Name of parent / guardian:

Relationship with the student:

Daytime phone number:

Home phone number:

Mobile number:

Email:

Does the emergency contact speak English?:                      Yes              No

If no or little English, please state the languages and levels spoken

## Parent / Guardian Information: 2<sup>nd</sup> point of contact

Name of parent / guardian:

Relationship with the student:

Daytime phone number:

Home phone number:

Mobile number:

Email:

Does the emergency contact speak English?:                      Yes              No

If no or little English, please state the languages and levels spoken

# Medical Information



Student Name:

Question	Yes / No	If Yes please explain
Has your child had any recent illnesses, operations or injuries?	Yes No	
Does your child have any allergies to food or drink or any dietary requirements ?	Yes No	
Is your child allergic to any medicine?	Yes No	
Is your child allergic to wasp, bee or any other insect stings or bites?	Yes No	
Is your child epileptic or asthmatic?	Yes No	
Does your child take any regular medication?	Yes No	
Will your child have visited any other countries one month prior to joining Bayswater Summer?	Yes No	
Do you agree to us providing access to some over the counter medication (paracetamol, cough medication, ibuprofen etc) if they are ill?	Yes No	
Students can be allowed some free time during our supervised activities (in a delimited area, during a limited amount of time) in pairs or groups. If you do not want to authorise your child to have some free time, please tick the box below	Yes No	
Other important information:		

# Signed Consent



<b>Please read and confirm the following statements</b>		(✓)
I agree to allow the child named above to attend an Bayswater Summer programme during the following dates: (from)		
(to) 20 . Should the arrival and departure dates fall outside the standard days as per brochures, rearrangement of accommodation is subject to availability and will incur extra charges		
I authorise my child to participate in all tourist, sporting and cultural activities associated with the course and I understand that there will be suitable supervision while my child is in the care of an Bayswater Summer Programme		
I confirm that I have read and understand The Bayswater Summer Student Information Handbook which includes <a href="#">Terms and Conditions (see our website)</a> for junior programmes		
In the event of illness or accident, I give permission for medical treatment to be administered when considered necessary by a suitably qualified first aider / medical practitioner / hospital		
I understand that every effort will be made to contact me as soon as possible. In an emergency and I can be contacted at the telephone number stated on page of this form		
I understand it is a requirement of Bayswater Summer that my child must attend all classes unless he / she is unwell in which case they should tell a group leader or a member of Bayswater Summer staff		
I give permission for my child to travel by public transport during the programme activities		
I give permission for my child to travel to and from the school location (only 17 - 14 year olds) Please note that all children, 13 years and younger in age must be dropped and collected from school locations and courses. They will need to be both signed in and out with centre staff on a daily basis.		
I understand it is compulsory that my child has adequate insurance. If an incident occurs that is not covered by the policy, I will be responsible for all costs incurred		
I give consent for photos to be taken of my child while in lessons, activities and excursions which may be used in future promotional material		
I confirm that all information provided is correct and will notify Bayswater Summer of any changes before the course starts		

Student Name:

Name of Parent / Guardian

Date

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