

Parental / Guardian Consent Form – students aged 16 or 17

This form must be completed by the parent/guardian of any student aged 16 or 17 applying for a place on an English course at the school.

STUDENT DETAILS			
<i>Please complete all sections below in BLOCK CAPITALS</i>			
Full Name:		ID/Passport No.:	
Date of Birth:	Age:	Sex: M / F	
Mobile/Cell phone number:			
Email address:			
Course start date:		Course end date:	

PARENTAL CONSENT		
My child / ward can:		<i>Please select as appropriate</i>
travel to and from the airport alone	YES	NO
travel alone between the school and accommodation	YES	NO
study in classes with students aged 18 and over	YES	NO
be placed in homestay accommodation which may have guests aged 18 and above	YES	NO
participate in our social events programme with our activity leader(s)	YES	NO
organise their own free time outside school hours but return home before the curfew	YES	NO

ACCOMMODATION			
Did Rose of York Language School organise your child / ward's accommodation?		YES	NO
If YES , complete this section:			
Students must return home every evening (at the latest) by: Sunday to Thursday 10:00pm Friday and Saturday at 11:00pm		YES	NO
We may allow students to visit relatives in London, please contact us before arrival.			
If you want your child to arrive home before the above curfew, please choose the time:	Sunday to Thursday (weekdays):	Friday and Saturday (weekend):	
If NO , complete this section:			
The child's FULL address in London:			
Host's full name:	Host's email address:		
Host's home phone number:	Host's mobile / cell phone number:		

STUDENT HEALTH		
Does he/she have any allergies?	YES (please give details)	NO

Does he/she have conditions or illnesses that need medical treatment or medication?	YES (please give details)	NO
Is he/she taking any medication at the moment?	<p>YES</p> <p>For each medication, please answer the following questions:</p> <p>Name:</p> <p>The form (e.g. tablets, liquid etc.):</p> <p>The dose (e.g. 2 tablets, 10ml):</p> <p>How your child/ward takes the medication (e.g. by mouth, by inhaler):</p> <p>How often your child/ward takes the medication (e.g. after breakfast and dinner, every four hours, as needed):</p> <p>Please continue on a separate sheet if necessary.</p>	NO
I give permission for my child/ward to self-administer the medication named above under the supervision of a responsible delegate.	YES	NO
Does he/she have any special dietary requirements?	YES (please give details)	NO
Does he/she have any disabilities or learning difficulties?	YES (please give details)	NO
I agree to inform the school of any change in my child/ward's health before his/her arrival at the school.	YES	NO
Medical treatment in case of illness and emergencies		
I agree that if my child becomes ill they should be attended by a doctor or hospitalised or operated on in an emergency if deemed necessary by a qualified doctor, and may be given medication according to a qualified doctor's advice in an emergency.	YES	NO
Additional information - Please use this space to tell us other relevant information about your child/ward.		
TRAVEL DETAILS		
Flight Details		
Arrival date:	Departure date:	
Arrival time:	Departure time:	
Flight number:	Flight number:	
Flying to (UK airport):	Flying from (UK airport):	
Flying from:	Flying to:	
I want Rose of York to organise a return taxi transfer service for my child / ward.	YES	NO
We strongly recommend that students aged 16 and 17 book a return airport taxi transfer service unless they are travelling with a named adult relative or guardian.		
If we DID NOT organise your child/ward's arrival transfer (arrival to/departure from the UK), please choose one option below and give details:		

Public transport A. Tube B. Bus C. Coach D. Train	Arrival: Name and contact number of person making the transfer:	Departure: Name and contact number of person making the transfer:
Other A. Private taxi transfer B. Private arrangement	Arrival: Name and contact number of person making the transfer:	Departure: Name and contact number of person making the transfer:

By signing below, I agree to the following:

- My child/ward will abide by the curfew (please see page 1 of this document).
- My child/ward understands and will follow the rules relevant to his/her stay in London.
- Any information I have provided about my child/ward's health will be shared with their accommodation / teacher / group leader / doctors and other medical professionals where relevant.
- I give my consent for the school / homestay / group leader to act on my behalf in case of a medical emergency.
- I give the school / homestay / group leader permission to give my child/ward named medication when necessary.
- I understand that my child/ward will not be supervised outside of the school and the accommodation.

Rose of York reserves the right to use any photos or videos taken at the school or during social activities for marketing and promotional purposes. Please notify us in writing if you do not wish for us to use your child/ward's photos or videos in this way.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____

Please do not hesitate to contact us if you have any questions.