

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.