



## Parental / Guardian Consent Form

Bayswater College 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 three 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	

### 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	



### Medical Information

Question	Yes/No		If Yes, please explain
Has your child had any recent illnesses, operations or injuries?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child have any allergies to food or drink or any dietary requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is your child allergic to any medicine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is your child allergic to wasp, bee or any other insect stings or bites?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is your child epileptic or asthmatic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child take any regular medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will your child have visited any other countries one month prior to joining Bayswater College?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other important information:	<div style="border: 1px solid black; height: 80px;"></div>		



### Signed Consent

Please read and confirm the following statements	(✓)
I agree to allow the child named above to attend a Bayswater College Junior Programme during the following dates: (from)_____ (to)_____ 2019. 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	<input type="checkbox"/>
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 a Bayswater College Programme	<input type="checkbox"/>
I confirm that I have read and understand The Bayswater College Parent Information Pack which includes Terms and Conditions for junior programmes	<input type="checkbox"/>
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	<input type="checkbox"/>
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 2 of this form	<input type="checkbox"/>
I understand it is a requirement of Bayswater College 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 College Staff	<input type="checkbox"/>
I understand that it is important that my child behaves in accordance with Bayswater College Code of Conduct and the laws of the country of study	<input type="checkbox"/>
I give permission for my child to travel by public transport	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
I confirm that all information provided is correct and will notify Bayswater College of any changes before the course starts	<input type="checkbox"/>

Signature of Parent / Guardian

Name of Parent / Guardian

Date

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