

Eastbourne BN20 7AJ

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# PARENTAL PERMISSIONS and MEDICAL CONSENT FORM FOR STUDENTS AGED 16 & 17

Student details		
Last name of student		
First name of student		
Date of birth		
Course dates (start/end date)		
Mobile/cell phone number of		
student during stay		
E-mail address of student		

Contact details of parents or legal guardian		
Last name		
First name		
Address		
Telephone number		
Mobile/cell phone number		
E-mail		
Level of English		

If the parents/guardian cannot be reached, the following person should be contacted		
Last name		
First name		
Relationship to student		
Telephone number		
Mobile/cell phone number		
E-mail		
Level of English		

# <u>Please read the following information carefully and tick $\sqrt{ALL}$ the relevant boxes on the left</u>



We, the parents/legal guardians consent that our son/daughter can take part in a language course at St Giles International Eastbourne. We confirm that our child has enough sense of maturity and responsibility to study at a school where there will be students aged 18 and over.

## We understand that:

1.	Our child will study in classes with students aged 18 and over
	N.B. From 27 June 2016, students under the age of 18 will study in separate
	classes
2.	Our child will travel between the school and the homestay unsupervised
3.	Our child will not be supervised during their free time, e.g. between the end of
	their lessons at the school and returning to their homestay. This could include
	shopping
4.	All students aged 16 & 17 must be home by 23.00 pm at night, Sunday to

		ve, and by 00.00 on Friday and Saturday. If ou		
		house after dark, they must inform the host fa	mily where they	
5 0	are going	unsupervised until 23.00 pm, Sunday to Yes		
		unsupervised until 23.00 pm, Sunday to Yes	s No	
		to be home <b>before</b> the above times, please inc	licate the time	
b	elow.			
		weekdays):		
		weekends):	ficelly, decisered	
	7. The school's social programme is not compulsory, nor is it specifically designed for this age group. Certain activities are not suitable for students under 18. All school social activities are supervised by school staff who can assist the students attending the activity. We <u>strongly</u> advise all students to return to their host family with a friend, or preferably by taxi, particularly in the evening when it is dark. You can see examples of the social programme on our web site at <u>http://www.stgiles-international.com/student-services/leisure/</u>			
		ve sufficient money to pay for lunches at the sc		
		Eastbourne. For guidance, £6 per day should		
		s in the school canteen, and a typical taxi fare is	s currently £6	
		proximately. Please see <u>http://www.stgiles-</u>		
		<u>m/student-services/student-budget/</u> for guidanc	e on other	
	Costs.	s a friend/relative they must have the school's p	ormission and	
		n the school and host family of their travel plan		
		t. The friend/relative must collect our child and		
	the homestay.			
10.0		named friend/relative and stay Yes	No	
	vernight?			
Nam	e of friend/relative			
Addr	ess			
Tel.				
		tings for full-day trips on Saturdays and Sunday		
		nal company, and St Giles staff do not normally	go on these	
	rips. Iv child can go on ful	I-day excursions booked through the YES	NO	
	chool (Saturdays and	-		
	unless they are in order to avoid	d 16 and 17 are advised to have a return airpor travelling with a named relative or adult friend. I possible problems with immigration procedure the Parental Travel Consent Form.	We advise this	
Scho	ool and host family	rules:		
		isciplinary Policy is attached. We ask both the s		
		guardians to sign the Policy to indicate they have	/e read,	
		agreed to the Policy.	on in the LIV and	
		cudents aged 16 and 17 to buy cigarettes/tobac		
	students of this age are not allowed to smoke at the school or at their homestay unless the school has received <b>written permission</b> from their			
	parents or guardians.			
	•	ys do not allow smoking under any circumstanc	es	

#### **MEDICAL DETAILS & PARENTAL CONSENT**

Does your child have a condition or illness that requires medical treatment?				
YES		NO		
If yes,	If yes, please give details:			
Does y	<u>our chil</u>	d suffer	from any	y allergies?
YES		NO		
If yes, please give details:				
Is your	child t	aking an	y medica	ation at present?
YES		NO		
If yes, please give details:				
Can yo	ur chilc		<u>n over-tl</u>	ne-counter medicine (e.g. paracetemol; cough medicine?)
YES		NO		
We, the parents/guardian, agree that in the case of illness our child should be attended by a doctor or hospitalised or operated on in an emergency, and may be given medication according to a qualified doctor's advice in an emergency				
YES		NO		
				ian, agree to inform the school of any change in our on before his/her arrival at the school.
Comments: to be completed by a parent/legal guardian if you have any additional requests or information that is relevant to your child's stay at St Giles				

## **PROMOTIONAL/PEDAGOGICAL PHOTOGRAPHS & VIDEOS**

St Giles or its representatives may take photographs and videos of classes or other			
school activities during your child's time with us, which may be used for promotional			
purposes, including posting on St Giles Facebook pages, or for pedagogical purposes.			
Do you give your consent to this?			
YES NO			

To be completed by the parent / guardian of students aged 16 or 17. Please sign below and return immediately. Your accommodation details will follow when we have received this completed form.

#### I have read and understood the above information

Name of parent/guardian: .....

Signature of parent/guardian:.....

Date: .....