

## **PARENTAL TRAVEL PERMISSIONS and MEDICAL CONSENT FORM FOR STUDENTS AGED 14-18**

### **1. TRAVEL PERMISSION FORM**

Name of student:	Date of birth
Dates of programme from:	to:
Travelling from:	Travelling to:
College name: St Giles Vancouver	
College address: 1130 West Pender Street, Suite 400, Vancouver BC, V6E 4A4	
24-hour contact telephone number	604-831-4006

To whom it may concern:

As the parent and/or legal guardian of the above student, I hereby give written consent for the care arrangements for my child's travel to the above destination and his/her reception and care while in Canada, and confirm that my child has my consent to live and travel independently.

**[For children aged 14 or 15, please tick  Box A or Box B.**

**For children aged 16 to 18, please tick  Box A, or Box B or Box C]**

**A**  My child will be met at the above destination by a representative of the St Giles Airport Transfer Service (documentary evidence attached)

**B**  My child will be met at the above destination by the following adult family friend/relative:

Name:

Telephone number:

Address:

**C**  I confirm my consent to my child's independent travel to and within Canada.

St Giles International will make arrangements for my child's care while in Canada. St Giles International is fully compliant with relevant Canada legislation and regulations, including those of the Department of Health.

Name of Parent/Guardian:

Address of Parent/Guardian:

Telephone:

Signature of Parent/Guardian

Date:

**This document must be completed and signed before your arrival at any Canadian Port or Airport. The student must carry this Consent Form for production on request at immigration control.**

## 2. GENERAL PERMISSIONS FORM

<b>Student details</b>	
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	

<b>Contact details of first parent or legal guardian</b>	
Last name	
First name	
Address	
Telephone number	
Mobile/cell phone number	
E-mail	
Date of Birth	
Level of English	

<b>Contact details of second parent or legal guardian</b>	
Last name	
First name	
Address	
Telephone number	
Mobile/cell phone number	
E-mail	
Date of Birth	
Level of English	

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

**Please read the following information carefully and tick ✓ ALL the relevant boxes on the left**

We, the parents/legal guardians consent that our child can take part in a language course at St Giles Vancouver. We confirm that our child has enough sense of maturity and responsibility to study at a school where there will be students aged 19 and over.

**We understand that:**

	1. Our child will normally study in classes with students of all ages.				
	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 who are 14 or 15 must be home by 21.00 pm at night, Sunday to Thursday, and by 22.00 on Friday and Saturday. Students who are 16-18 must be back home by 23.00, Sunday to Thursday, and 00.00 on Friday and Saturday. Our child must inform the hosts where they are going and who they are going with, as outlined in our Under-19 Disciplinary Policy. Our child will keep his/her mobile phone turned on.				
	5. Can your child go out unsupervised until 21.00 pm at night, Sunday to Thursday and until 22.00 on Friday and Saturday, if they are 14 or 15 years old? Can your child go out unsupervised until 23:00 pm at night, Sunday to Thursday and until 00.00 on Friday and Saturday, if they are 16-18 years old?	<b>Yes</b>		<b>No</b>	
	6. If you wish your child to be home <b>before</b> these times, please indicate the time below. Time to be home (weekdays): ..... Time to be home (weekends): .....				
	7. We offer 3 or 4 social activities every week. All school social activities are supervised by school staff who can assist the students attending the activity. The activities are not compulsory, nor are they specifically designed for this age group. Certain activities are not suitable for students under 19. You can see examples of the social programme on our web site at <a href="http://www.stgiles-international.com/student-services/leisure/">http://www.stgiles-international.com/student-services/leisure/</a>				
	8. Our child will have sufficient money to pay for lunches and for transportation in Vancouver. Please see <a href="https://www.stgiles-international.com/student-services/student-budget">https://www.stgiles-international.com/student-services/student-budget</a> for guidance on costs.				
	9. The school requires written permission for students under the age of 19 to leave Vancouver, either with a friend under the age of 19, or a member of the school staff, or with an adult approved by you or the school. Your child must tell the school in advance where he/she is going, what their travel plans are, who they are going with and what time they will return.				
	10. If our child visits a friend/relative they must have the school's permission and they must inform the school and host family of their travel plans and who they are going to visit. The friend/relative must collect our child and return them to the homestay.				
	11. Can your child visit a named friend/relative and stay overnight?	<b>Yes</b>		<b>No</b>	

Name of friend/relative:					
Address:					
Telephone number:					
12. The school takes bookings for full-day trips on Saturdays and Sundays, as well as overnight trips. These are organised by an external company. Students between the ages of 16-18 are able to go on selected excursions with written permission from a parent/guardian.					
13. My child can go on supervised full-day or overnight excursions		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
	14. All students under the age of 16 <b>MUST</b> have a return airport taxi transfer, unless they are travelling with a named relative or adult friend. Students must also carry the Parental Travel Consent Form.				
	15. Many airlines require children under the age of 16 to be escorted to the check-in desk at the airport on their return home. Please check if this is a requirement of your child's airline. We can arrange an assisted check-in – <b>there is an extra charge for this service</b> . Please contact the school office for further information.				
<b>School and host family rules:</b>					
	16. Our Under-19 Disciplinary Policy is attached. We ask both the student and his/her parents/guardians to sign the Policy to indicate they have read, understood and agree to the Policy.				

### 3. MEDICAL DETAILS & PARENTAL CONSENT FORM

Does your child have a condition or illness that requires medical treatment?			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
If yes, please give details:			
Does your child suffer from any allergies?			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
If yes, please give details:			
Is your child taking any medication at present?			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
If yes, please give details:			
Can your child be given over-the-counter medicine (e.g. acetaminophen; cough medicine?)			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
We, the parents/guardian, agree to release custodian/host family from any liability resulting from any cause of our child's action for personal injury, disability, medical expenses, property damage or theft or any other claim that may arise from our child while staying with the custodian/host family.			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
We, the parents/guardian, agree that in case of an emergency, custodian/host family be reimbursed of any cost paid by the custodian on my child's behalf which is not covered by his/her medical insurance.			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
We, the parents/guardian, agree to inform the school of any change in our child's medical condition before his/her arrival at the school.			
<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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			

### 4. COMPULSORY SCHOOL AGE

Is your child of compulsory school age in your country of residence? (Yes/No)	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><i>If you answered yes, can you confirm that you have permission from the school or the relevant authorities for your child to attend classes at St Giles, or <b>that</b> they are attending only during the school holidays?</i></p>	<b>Yes</b>		<b>No</b>	
--	------------	--	-----------	--

**5. ACCOMMODATION**

**A**  My child will stay in St Giles arranged accommodation

**B**  My child will stay in privately arranged accommodation and I will provide the following information:

<b>Address</b>	
<b>Postal Code</b>	
<b>Name of responsible adult(s)</b>	
<b>Relation of responsible adult(s) to child</b>	
<b>Email of responsible adult(s)</b>	
<b>Telephone number of responsible adult(s)</b>	

**6. PROMOTIONAL/PEDAGOGICAL PHOTOGRAPHS & VIDEOS**

<p>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?</p>			
<b>YES</b>		<b>NO</b>	

**7. Waiver of Liability, Claims and Indemnity**

**By signing this document we certify that we have read and understood the Waiver of Liability and that we agree and will comply with the conditions as stated.**

We hereby certify that our child voluntarily participates in all class and out of class student activities with the knowledge of the dangers involved and that we assume all responsibility for their participation in these activities and therefore release St Giles International Language Centres (Canada) Ltd. from any liability now or in the future for any injuries or losses caused to our child affected by their conduct as follows:

- 1) We waive any claims that we have or might have in the future against St Giles International Language Centres (Canada) Ltd. and its directors, officers, employees, agents and representatives (hereafter as Releasees).
- 2) We release all Releasees from any and all claims of all kinds (except as prevented by statute) for any injury, loss, damage, cost or relief of any kind resulting from or arising out of or connected with their participation in any and all activities offered by St Giles International Language Centres (Canada) Ltd.
- 3) This agreement shall be binding upon their heirs, next of kin, executors, administrators assigns and representatives in the event of their death or incapacity.

In entering into this agreement we are not relying upon any oral or written representation or statements made by the Releasees other than what is written in this agreement. We have read and understand this agreement and we are aware of the implication of all conditions written above.

\_\_\_\_\_

<b>Printed Name of Student</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Date</b>
--------------------------------	------------	----------------------	-------------

*Marni Shore*

_____	<b>Marni Shore</b>	<b>+1 604 831 4006</b>
<b>Signature of Legal Custodian</b>	<b>Printed Name of Legal Custodian</b>	<b>Emergency Phone</b>



**St Giles Vancouver Representative**

**8. DECLARATION**

To be completed by the parent / guardian of students aged under 19. 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: \_\_\_\_\_