Parental Consent Form

PARENTAL CONSENT FORM - please keep this sheet

The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed outdoor / off site educational activity. It is also designed so that all information relating to your son/daughter's health and fitness can be assessed prior to the trip so that any necessary arrangements can be made to accommodate special needs.

DATA PROTECTION

The information you supply is being collected for the purpose of Berkshire International Summer Schools.
When you sign or complete this form you are providing your consent to us holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party other than an organisation involved directly with this trip as deemed necessary.

DETAILS OF PROPOSED ACTIVITY

Place to be visited: **Wellington College/Reddam House, Berkshire, UK with excursions to Oxford, Bath, Windsor and London.**

Objective of visit:	To improve English language and get a better understanding of British culture and history. To participate in a wide variety of sports and leadership activities and to visit some historically important places in the UK.

Telephone number: +441344 753458	
Date of departure:	Date of return:
Departure time/place:	Estimated time of return/place:

CONDUCT DURING THE TRIP

All participants are expected to behave in a responsible manner at all times during the trip. They must take direction from the tutor or nominated leader and follow all instructions or guidance given by activity instructors. All pupils will sign a code of conduct and parents countersign that code. Pupils are expected to follow it scrupulously.
When instructed, they must wear any clothing or protective equipment issued to them by instructors/tutors and not interfere with any of this clothing or equipment. They must not engage in any horseplay or practical jokes whilst on the trip as this may affect not only their own safety but that of others.
All local rules must be followed, e.g. those of the activity centre, country code, instructors, etc. If the activity involves field work, then participants must remember not to harm flora and fauna, leave litter, damage footpaths, walls, hedges, etc.

The reputation of the College is either enhanced or damaged by the pupils' behaviour during the activity and when at leisure or travelling. Staff reserve the right to send home at parental expense any pupil in the event of serious abuses of any or all of these agreed rules.

Student's full name:	
Home address:	
Home telephone number:	Other contact number:

MEDICAL INFORMATION

Does your son/daughter:		Has your son/daughter had in the last 4 wks:	
Have good eyesight?		An infectious disease?	
Suffer from any allergy, food or medication?		Had contact with an infectious disease?	
Have good hearing?		Diarrhoea or vomiting?	
Has your son/daughter had a tetanus injection in the last 5 years?		Has your son/daughter had any recent physical injury?	
Is your son/daughter currently receiving treatment for any condition?		Please state any medication that your son/daughter is currently required to take:	
Does your son/daughter have any special dietary requirements?		Does your son/daughter suffer from travel or motion sickness?	
Does your son/daughter suffer from asthma?		Does your son/daughter suffer from vertigo (fear of heights)?	
Does your son/daughter have any other special needs?		Are you happy for your son or daughter to self administer drugs?	

OTHER HELPFUL INFORMATION			
Shoe Size:	**Height:**	**Chest size:**	**Waist:**
Please name any activity he / she may not participate in:			
In an emergency I can be contacted as follows:	Email:	Home Tel:	
	Fax:	Work Tel:	
	Mobile:	Other mobile:	
If not available, please contact the following person:			
Telephone number:			
Our family doctor is:			
Drs Tel No:			

If there is any other information you consider the school/college should know please continue on the reverse of this sheet.

CONSENT DECLARATION

I, being the parent / guardian of the son/daughter named at the head of this form, give consent for him / her to attend the proposed activity.

If any of the information I have given in the form above changes, I will inform Berkshire International Summer Schools of those changes as soon as is possible.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have informed the school/college of all medical conditions or treatments that he / she suffers from or requires to maintain health. I understand that if I do not declare any serious medical conditions my son / daughter may be refused entry onto the International Summer School Course and / or be sent home at the parents expense.

Signature & Date: **Relationship to student:**