

PARENTAL CONSENT AND EMERGENCY FORM

This form should be completed by the parent(s)/legal guardian(s) of all students under the age of 18 who are travelling to the UK to join a programme organised by EFL Education and Travel (hereafter EFL). Please complete this form in CAPITALS. EFL is legally obliged to ask for this information and it is essential that you send the form back to us before the student travels to the UK. Without this form, students cannot participate in the programmes offered by EFL.

- Please return this form to EFL by email (hello@eflworld.com) or to your agent / teacher.
- The student must carry the original copy in their hand luggage to present to Immigration if asked.

1. STUDENT DETAILS	
Student's full name	
Date of birth	
Nationality	
Passport or ID number	
Arrival date to the UK (dd / mm / yyyy)	
2. PARENT DETAILS	
Parent's/legal guardian's full name	
Relationship to the student (mother, etc.)	
Home telephone number	+ ()
Mobile telephone number	+ ()
Address of parent/legal guardian in home country	
3. EMERGENCY CONTACT DETAILS OF 2 PEOPLE TO BE CONTACTED IN CASE OF AN EMERGENCY. PLEASE INDICATE IF THEY SPEAK ENGLISH	
Emergency contact person 1	Emergency contact person 2
Name	Name
Relationship to the student	Relationship to the student
Native language	Native language
Do they speak English? Yes No	Do they speak English? Yes No
Phone number + ()	Phone number + ()
Email address	Email address
4. I HEREBY GIVE CONSENT FOR	
<ul style="list-style-type: none"> • My/our child/ward to study and stay with EFL in the UK. • The School Director to make emergency decisions for my child while on the EFL programme. • First aid to be administered. • For my child to receive (in the event of an emergency) medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. Please note that any charges for medical treatment remain the responsibility of the student / parent / guardian. 	

- All students must have medical / travel insurance. EFL should be sent a copy in advance of the course.
- My/our child/ward to participate in off-site activities and excursions organised by EFL and other external providers.
- My/our child/ward to travel independently between the accommodation and the school / activities location.
- My/our child/ward to be unsupervised at certain times after the end of the school day and in the evenings (until latest 21.00 for students aged 13-14 and until latest 22.00 for students aged 15-17). No unsupervised activities and free time is allowed for students with the age of 12 or under.
- My/our child/ward's images, photos or comments to be used in EFL promotional materials.

DECLARATION

To Whom It May Concern:

- I have read and accept EFL Terms and Conditions.
- I agree to release EFL from any liability resulting from any causes of action for personal injury, disability, medical expenses, property damage or theft, or any other claims that may arise from my child's participation. EFL will take all reasonable precautions to ensure the safety and well-being of all students.
- I understand that my / our child / ward will be unsupervised at certain times of the day and evening.
- I understand that if my / our child / ward breaks any of the following rules, they may be sent home immediately and at our own cost. Rules include:
 - Attendance at activities, excursions & educational activities is mandatory and students must be on time.
 - Students aged 13-14 must return to their accommodation by 21.00 at the latest.
 - Students aged 15-17 must return to their accommodation by 22.00 at the latest.
 - Mobile phones must not be used in lessons/workshops or during activities.
 - Students will be provided with Internet access in the school as long as the accompanying group leader agrees to it.
 - Smoking, stealing, bullying, fighting, disobedience, rudeness and damage to EFL property are forbidden.
 - Consumption of alcohol is strictly forbidden and illegal for students under the age of 18.
 - Drug-taking is strictly forbidden and it is illegal.

DATA PROTECTION AND PROCESSING SENSITIVE INFORMATION

By signing this consent form, I allow EFL to process the data and use the information for enrolment purposes. We may send the relevant information to 3rd party providers (accommodation provider, host families) if it is essential to confirm the booking. Please visit our website for our detailed Data Protection Policy and how we may use the information that is provided in this document.

5. UNSUPERVISED FREE TIME FOR STUDENTS 13 OR OLDER (INDIVIDUAL STUDENTS WITH NO GROUP LEADER FROM THE COUNTRY OF ORIGIN) - IF "YES" IS CIRCLED, GROUP LEADER'S DECISION CAN OVERRIDE THE CHOICE BELOW IF IT IS DEEMED TO BE NECESSARY

I allow my child to leave the accommodation unsupervised and return before the above stated curfew times.	Yes	No
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6. MEDICAL AND WELFARE INFORMAITON PLEASE CONTINUE ON A SEPARATE SHEET IF NEEDED

Does the student have any medical condition?	Yes	No
If yes, please give the name of the condition.		
Does the student require medication?	Yes	No
If yes, what is the name of the medication?		
Please specify if the medicine is tablets, creams, etc.		
What dosage is required?		
How often should the dosage be given?		
Is the student permitted to self-medicate under the supervision of EFL staff or group leader?	Yes	No

Notes regarding any medical condition or medicine.	
Does the student have any learning or behavioural difficulties (eg dyslexia)?	Yes No
If <u>yes</u> , please provide details.	
Does the student have any family problems (eg recent death in the family, parents recently divorced, etc.)?	Yes No
If <u>yes</u> , please provide details.	
Does the student have any allergies (eg penicillin, dairy)?	Yes No
If <u>yes</u> , please provide details.	
Does the student have any special dietary requirements (eg vegetarian, halal only etc.)?	Yes No
If <u>yes</u> , please provide details.	
Does the student have any food allergies (eg. peanuts, celiac)?	Yes No
If <u>yes</u> , please provide details.	
Can the student swim at least 10 metres unaided?	Yes No
7. PSYCHOLOGICAL AND MENTAL HEALTH	
Is the student undergoing any type of psychological treatment? Are they under any treatment relating to mental health?	
If yes, please detail the conditions.	
8. COVID-19 VACCINATION STATUS	
Has the student been vaccinated?	Yes No
Date of vaccination and type of vaccine received	
Date of booster and type of vaccine (if received)	
Any underlying medical conditions that could put the student at risk in case they contract COVID-19?	
9. SIGNATURE OF PARENT / LEGAL GUARDIAN PLEASE ENSURE THAT ALL PAGES ARE SIGNED AND POINT 6 IS COMPLETED	
Signature	Relationship to the student
Printed name	Date

Thank you for the understanding and thank you for completing the form.
The information that you provided helps us to ensure our students' safety and well-being while they are enjoying their "English experience".