

## PARENTAL CONSENT FORM FOR STUDENTS AGED UNDER 18 To complete and return to Exsportise before camp

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled on an Exsportise Summer Camp.

Please note that the student will not be able to start the course until the form is received by Exsportise.

### Data protection

We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need to know basis during the time when they are enrolled on an Exsportise Summer Camp; this may include healthcare and welfare professionals

| Student's additional details |                       |
|------------------------------|-----------------------|
| Passport Number:             | Passport expiry date: |

| Emergency contact details |                  |
|---------------------------|------------------|
| <b>Contact 1</b>          | <b>Contact 2</b> |
| Full name:                | Full name:       |
| Relationship:             | Relationship:    |
| Work telephone:           | Work telephone:  |
| Home telephone:           | Home telephone:  |
| Mobile number:            | Mobile number:   |
| Email address:            | Email address:   |
| Level of English          | Level of English |

| Swimming (not available at Worth)   |  |
|---|--|
| Students able to swim may have the opportunity to swim (on-site swimming pools, supervised by qualified lifeguards). Do you agree to your child taking part in these swim sessions? ..... | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Leaving Venue   |  |
| Do you agree to your child taking part in supervised offsite trips, e.g. offsite golf courses, tennis courts, stables, English trips to the local village etc.? .....                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Weekend Excursions  |  |
| Do you agree to your child taking part in weekend excursions (for stays of 2 weeks or more) .....   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Oundle – 16 & 17 year old students only   |  |
| Do you agree to your child taking part in unsupervised 30 minute trips to Oundle village (in pairs)?...   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Photos / Videos Consent  |  |
|--|--|
| We may be taking pictures and videos of your child during their time at camp. Please tick the box if you give consent:   |  |
| <ul style="list-style-type: none"> <li>• <b>PARENTS</b> - For those photos/videos to be made available for <b>parents</b> to view on our website and social media .....</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• <b>MARKETING</b> - For such photos / videos to be used in future <b>marketing</b> materials .....</li> </ul>                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| For more information, please visit our website at <a href="http://www.exsportise.co.uk">www.exsportise.co.uk</a>   |  |

**Medical Information**

Please tell us about any problems. If we are not told in advance about a physical or mental condition, we reserve the right to terminate the student's course.

Does your son/daughter have:

- Asthma or bronchitis ..... Yes  No
- Heart condition ..... Yes  No
- Fits, fainting or blackouts ..... Yes  No
- Severe headaches ..... Yes  No
- Diabetes ..... Yes  No
- Allergies to known medicines. If the answer is Yes, please specify below ..... Yes  No
- Other allergies e.g. materials, food, plasters. If Yes, please specify below ..... Yes  No
- Travel sickness ..... Yes  No
- Bed-wetting/incontinence ..... Yes  No
- Any mental health problems (including eating disorders, hyperactivity) ..... Yes  No

Is your son/daughter on regular medication? ..... Yes  No

Does your son/daughter require regular hospital treatment? ..... Yes  No

Does your son/daughter take any medication which he/she will bring with him/her? ..... Yes  No

Is there anything else we should know about? ..... Yes  No

If the answer to any of the questions above is YES, please give details below

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In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as Paracetamol, cough medicine, throat pastilles, antihistamine or travel sickness tablets? ..... Yes  No

In case of an emergency do you give permission for a responsible person in the school to arrange medical treatment and, if necessary, taken offsite by company car or taxi with our staff? Of course, every effort will be made to contact you, the child's parents/guardians, as soon as possible. .... Yes  No

**Consent**

1. I confirm that the above details are accurate and complete.
2. I agree to Exsportise terms and conditions.
3. My son/daughter and I agree to abide by Exsportise Rules and Code of Conduct as shown in the Information Pack.
4. I confirm that I will not send my son/daughter to an Exsportise course if he/she has suffered from or been exposed to an infectious disease in the 21 days leading up to the start of the course. This includes travel to (or spending any time in) a country where any type of infectious disease(s) may be common if he/she has not received the necessary medication or vaccinations required to prevent contamination of any of these infectious diseases.

Signature of the parent/guardian

Date:

Signature of the student

Date: