

# PARENTAL CONSENT & HEALTH DECLARATION FORM

*Parental Consent for all minors  
Health Declaration for all Students*

Please ensure that this form is completed and returned to your agent at least 21 days prior to scheduled start date.

Please read each section below and answer the questions.  
Check Yes or No where appropriate. You and your child (if they are over 16 attending a UK centre) must sign your consent as appropriate

## EMERGENCY TELEPHONE NUMBERS

|                         |                         |
|-------------------------|-------------------------|
| <b>UK &amp; Ireland</b> | <b>+44 7771 845 978</b> |
| <b>Malta</b>            | <b>+356 9924 8774</b>   |
| <b>USA East Coast</b>   | <b>+1 212 497 8343</b>  |
| <b>UAE</b>              | <b>+971586896901</b>    |
| <b>South Africa</b>     | <b>+27 84 886 6342</b>  |
| <b>Spain</b>            | <b>TBC</b>              |

## STUDENT GENERAL INFORMATION

|                   |                      |
|-------------------|----------------------|
| Full name         | <input type="text"/> |
| Nationality       | <input type="text"/> |
| Gender            | <input type="text"/> |
| Date of Birth     | <input type="text"/> |
| Passport No.      | <input type="text"/> |
| Date of Arrival   | <input type="text"/> |
| Date of Departure | <input type="text"/> |
| Email Address     | <input type="text"/> |

## PARENT/LEGAL GUARDIAN\* 1

|                                                            |                                                                                         |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full name                                                  | <input type="text"/>                                                                    |
| Home phone No.                                             | <input type="text"/>                                                                    |
| Work phone No.                                             | <input type="text"/>                                                                    |
| Mobile phone No.                                           | <input type="text"/>                                                                    |
| Email Address                                              | <input type="text"/>                                                                    |
| English Speaker?                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| If no, what languages would you prefer to be contacted in? |                                                                                         |
| If Yes,<br>Level of English ?                              | <input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> High |

## EMERGENCY CONTACT

I/We understand that every effort will be made to contact me/us in the case of an emergency, but if I/we cannot be reached, EC should contact:

|                  |                      |
|------------------|----------------------|
| Full name        | <input type="text"/> |
| Relationship     | <input type="text"/> |
| Home phone No.   | <input type="text"/> |
| Work phone No.   | <input type="text"/> |
| Mobile phone No. | <input type="text"/> |
| Email Address    | <input type="text"/> |

## PARENT/LEGAL GUARDIAN\* 2

|                                                            |                                                                                         |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Full name                                                  | <input type="text"/>                                                                    |
| Home phone No.                                             | <input type="text"/>                                                                    |
| Work phone No.                                             | <input type="text"/>                                                                    |
| Mobile phone No.                                           | <input type="text"/>                                                                    |
| Email Address                                              | <input type="text"/>                                                                    |
| English Speaker?                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| If no, what languages would you prefer to be contacted in? |                                                                                         |
| If Yes,<br>Level of English ?                              | <input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> High |

## TRAVEL

### INDIVIDUAL AIRPORT TRANSFERS

My child will be unaccompanied and not part of a group. Embassy Summer strongly recommends that an Embassy Summer Transfer service is booked. Transfers for unaccompanied students are provided by Embassy Summer approved taxi companies and whose drivers have been vetted. The taxi driver will greet your child at the airport arrival hall holding a sign with your child's full name and destination school. The drivers are told not to leave the airport without the child and to inform the Embassy Summer team immediately if the child does not report as planned. Embassy Summer provides all students with a transfer emergency number to call if the student cannot locate their driver at the arrival hall.

I, as the parent/guardian of (insert student name)

agree for Embassy Summer to share my child's information with the transfer company. ☐ Yes ☐ No

### GROUP AIRPORT TRANSFERS

If your child is travelling as part of a group, they will be accompanied by the local agents or school's group leader/teacher. The group will be met by an Embassy Summer Transfer Representative at the airport arrivals.

My child is a group student and I understand that the group leader will be accompanying them. ☐ Yes ☐ No

**Transfer Not Required:** If you do not need a transfer to be provided by Embassy Summer, you will require to complete a **Transfer Not Required form**. This form can be obtained from your admissions executive or agent.

## ACCOMMODATION & MEAL PLAN

All students must stay in Embassy Summer approved accommodation and the accommodation information will be provided with the final confirmation documents sent prior to arrival.

I agree to my child staying in accommodation arranged by Embassy Summer ☐ Yes ☐ No

I, as the parent / guardian agree to my child's information being shared with the accommodation provider ☐ Yes ☐ No

I, as the parent/guardian of (insert student name)

understand that I have booked full board (breakfast, lunch and dinner) for my child ☐ Yes ☐ No

### HOMESTAY

If your child is staying in homestay, please complete the section below.

I, as the parent/guardian of (insert student name)

agree to my child travelling unaccompanied between the school and their accommodation and understand that this may involve travelling on public transport. ☐ Yes ☐ No

## ACTIVITIES

### LEISURE ACTIVITIES

I give permission for my child to go on any trips organised by the EC Young Learners and to take part in activities, under supervision ☐ Yes ☐ No

### ADVENTURE ACTIVITIES

I give permission for my child to join optional adventure activities which are part of the EC Young Learners programme. This includes activities and not limited to zip line, kayaking, banana ride, snorkelling ☐ Yes ☐ No

On some city centre visits Embassy Summer allow for students to have unsupervised free time to explore local shops or sites. Full policy can be found on the EC Young Learners Website FAQ's page.

I, as the parent/guardian of (insert student name)

have read, understood and accept EC Young Learners policy on free time during trips ☐ Yes ☐ No

## ABSENCE, HOLIDAY & INDEPENDENT TRAVEL

### HOLIDAY & ABSENCE

We monitor student attendance daily. Parents or guardians must sign a separate consent form (available on request) for each occasion a child plans to travel away from the centre or stay out overnight. Students are not permitted to leave without an accompanying adult, the adults details must also be provided.

### DAY PROGRAMMES

I hereby authorise my child to attend the Embassy Summer Day Programme and I will take full responsibility and personally supervise the student outside lesson and activity times. ☐ Yes ☐ No

### STUDENTS OUTSIDE OF THE PUBLISHED AGE RANGE

Embassy Summer publish a centre age range. In certain exceptional cases we accept students that are outside of this age range. In these circumstances we ask you (the parent/guardian) that you understand that as your child is outside the age range advised by Embassy Summer there may be elements of the course that are unsuitable and that there is an increased potential likelihood and severity of harm due to the nature of the risks present on campus or on excursions.

My Child (insert student name)

is outside of the published Embassy Summer centre age range and I understand the above statement ☐ Yes ☐ No

## MEDICAL & HEALTH DECLARATION

It is recommended that students disclose any mental or physical illness, allergy, disability or condition that may interfere with their ability to successfully complete their programme, that may impact the wellbeing of any other student or staff member, that may require monitoring, treatment or emergency intervention during the student's period of enrolment, or that may require special accommodation.

### MEDICAL CONSENT

In the USA all minor students require parental consent to their medical and dental care (Doctor, Dentist, Accident and Emergency). In an emergency situation, Embassy Summer will have to provide this information about your child's medical needs (as detailed below) to a doctor, the hospital or police etc. If emergency medical care is required Embassy Summer will contact you immediately.

In the UK, Malta and Canada any person over the age of 16 years old can consent to their own medical and dental care (Doctor, Dentist, Accident and Emergency). Qualified First Aid is available on site.

Please read the following statements and complete the one relevant to you and your child.

### TRAVELLING TO THE USA

*I, as the parent/guardian of (insert student name)*

*who will be under 18 during their course, consent to my information to be provided to emergency services if required*

Signature of  
Parent/ Guardian

### TRAVELLING TO THE UK, IRELAND, MALTA AND CANADA

*I, (insert student name)*

*will be over 16 during my course and consent to my information to be provided to emergency services if required*

Signature of  
Child

**Please provide us with details of any medical or special educational needs you may have so we can make sure you receive the help and support you need while studying with us.**

| Have you ever had or are you suffering from?                                    | NO                       | YES - Please provide more information in the space below |
|---------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|
| Diabetes                                                                        | <input type="checkbox"/> | <input type="text"/>                                     |
| Do you have any allergies?                                                      | <input type="checkbox"/> | <input type="text"/>                                     |
| Do you have any special educational needs?                                      | <input type="checkbox"/> | <input type="text"/>                                     |
| Do you have any special dietary requirements?                                   | <input type="checkbox"/> | <input type="text"/>                                     |
| Do you have any pre-existing medical conditions or currently taking medication? | <input type="checkbox"/> | <input type="text"/>                                     |
| Do you have a disability or any special needs that we need to know about?       | <input type="checkbox"/> | <input type="text"/>                                     |
| Heart trouble                                                                   | <input type="checkbox"/> | <input type="text"/>                                     |
| High blood pressure                                                             | <input type="checkbox"/> | <input type="text"/>                                     |
| Asthma                                                                          | <input type="checkbox"/> | <input type="text"/>                                     |
| Bronchitis                                                                      | <input type="checkbox"/> | <input type="text"/>                                     |
| Tuberculosis                                                                    | <input type="checkbox"/> | <input type="text"/>                                     |
| Epilepsy                                                                        | <input type="checkbox"/> | <input type="text"/>                                     |
| Fainting spells                                                                 | <input type="checkbox"/> | <input type="text"/>                                     |
| Bone or joint disease                                                           | <input type="checkbox"/> | <input type="text"/>                                     |
| Tropical diseases                                                               | <input type="checkbox"/> | <input type="text"/>                                     |
| Psychological disorders                                                         | <input type="checkbox"/> | <input type="text"/>                                     |
| Migraine                                                                        | <input type="checkbox"/> | <input type="text"/>                                     |
| Severe head injury                                                              | <input type="checkbox"/> | <input type="text"/>                                     |
| Anxiety                                                                         | <input type="checkbox"/> | <input type="text"/>                                     |

Do you have any objections to treatment or surgery on the grounds of religious belief?

Date of your last tetanus injection?

Please give the details of any illness and treatment, operation or hospital investigation undertaken within the past 3 weeks

## DECLARATIONS

### EXPULSION

Embassy Summer reserves the right to expel and repatriate a student at his/her own expense for any of the reasons noted below. This includes but is not limited to the following circumstances:

- Possession or consumption of any illegal drugs
- Possession of weapons of any kind
- Alcohol consumption / in excess of (according to local laws)
- Malicious damage to school property or accommodation
- Repetitive disruptive behaviour in class
- Repetitive absenteeism from lessons
- Repetitive disregard for Embassy Summer's rules and regulations
- Breaking local laws
- If a student is a danger to his/her own safety or that of other students
- Bullying

### DATA PROTECTION

Embassy Summer 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 at Embassy Summer; this may include healthcare and welfare professionals. I acknowledge that Embassy Summer processing of my data is further explained in the Privacy Notice for Students, which can be accessed on the website <https://www.ecenglish.com/en/privacy-policy>

### PHOTOGRAPHY AND FILMING

I give Embassy Summer the absolute right and permission to publish, copyright, distribute and use pictures and/or videos of my child (or pictures taken by my child) for any purpose which may include, among others, advertising, promotion, marketing and packaging for any Embassy Summer product or service. I understand that these photos will not be used for anything other than EC Young Learners marketing purposes and agree that images may be combined with other images or footage, text and graphics, and cropped, altered and modified. If my child does not wish to be part of photo or video content it will be their responsibility to absent themselves.

☐ Yes ☐ No

### CONSENT

I give consent for my/ my child's medical/health data to be processed by Embassy Summer to assess any specific requirements during the period of study and offer help where necessary. Consent can be removed at any time by sending an email to your Admissions Executive. I understand that Embassy Summer processing of my data is further explained in the EC English Privacy Policy which is on our website [www.ecenglish.com/en/privacy-policy](http://www.ecenglish.com/en/privacy-policy)

☐ I give consent for my/ my child's medical/health data to be processed by Embassy Summer.

☐ I give consent for my child to take a COVID test if required whilst study in my absence. I give permission for the results to be shared with the test provider/ clinic/ hospital and permission for our personal details as well as the test result to be shared with the public health authorities and Embassy Summer.

☐ I confirm that the above details are accurate and complete.

☐ I agree to the terms and conditions.

*Please ensure that your child keeps a signed and completed copy of this document, their accommodation and travel confirmation documents so that everything is ready to present at port of entry. A copy of this Parental Consent Form should be sent to Embassy Summer via your agent along with full arrival and departure details.*

☐ I confirm I will ensure my child has all the necessary documentation to enter and depart the destination country that includes any proof of vaccination or testing and passenger locator forms.

*I have discussed the agreed arrangements and rules with my son/daughter.*

Signature of  
Parent/ Guardian

Date

DD | MM | YYYY

*I have discussed the agreed arrangements and rules with my parent/guardian.*

Signature of  
the student

Date

DD | MM | YYYY