

## PARENTAL CONSENT FORMS

Name of student:			
Date of birth:		Nationality:	
Gender:	male/female	First language:	
Dates of stay:			
Location and contact information:	Broadstairs English Centre, 2-4 St. Peter's Park Road, Broadstairs, Kent, UK, CT10 2BL. +44 (0)1843 601536 +44 (0)7983 256407 (24-hour emergency number)		

Completion of these forms is required by the School (Broadstairs English Centre) to maintain the health and safety of all students at the school. Parental (or Guardian) consent/acknowledgement must be given for EACH SEPARATE FORM by signing at the points indicated. If, for any reason, you do not wish to give consent/acknowledgement for any form, please contact your agent or the School to discuss the issue(s) and any impact there may be on your son/daughter's stay. The School reserve the right to cancel or refuse any booking where they feel that they cannot guarantee the health and safety of any student under normal operating circumstances.

### FORM 1: PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Surname(s):		
Forename(s):		
Address:		
Home telephone:		
Work telephone:		
Mobile telephone:		
Your relationship to the student? Please tick (✓) one box.	1. Parent 2. Guardian	<input type="checkbox"/> <input type="checkbox"/>
Which of these statements best describes your level of spoken English? Please tick (✓) one box.	1. I feel comfortable talking with native speakers in English. 2. I have enough English to understand general conversation and to make myself understood. 3. I do not feel comfortable talking with native speakers in English but can understand basic English. 4. I don't speak or understand English.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In the event that you cannot be contacted, please provide the name and a contact number for an alternative person to contact in an emergency:		

## FORM 2: ACKNOWLEDGEMENT OF ACCEPTANCE OF SCHOOL RULES

**I acknowledge** that I have received, read and understood the *Broadstairs English Centre Student Guide and Workbook 2018* and agree for my child (as named on page 1 of this document) to be bound by the rules of the Broadstairs English Centre for the duration of their stay as set out in this guide.

Signed:	
Date:	

## FORM 3: MEDICAL CONSENT

**I agree** to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present. (I may be contacted using the information included on Form 1 above.)

Signed:	
Date:	

## FORM 4: MEDICAL INFORMATION

Does your child suffer from any of the following conditions? Please tick (✓) one box per condition.	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Chest problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Migraine/severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Raised blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting/incontinence	<input type="checkbox"/>	<input type="checkbox"/>

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<sup>1</sup> Please note: I agree that my child, if diabetic, will bring a safe storage container for any used needles so that these may be disposed of appropriately on their return as these cannot be disposed of in the UK.

If YES to any of the above, please give details:		
Does your child suffer from any other condition requiring medical treatment, including medication? Please tick (✓) one box.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give details:		
Does your child have any allergies or intolerances (including special dietary requirements)? Please tick (✓) one box.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give details:		
Is your child taking any form of medication on a regular basis? Please tick (✓) one box.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give full details, indicating the type of medication and dosage:		
Does your child have any physical or mental special needs? Please tick (✓) one box.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please give details:		

## FORM 5: ACTIVITIES/OUT OF SCHOOL CONSENT

**I understand** and agree that my child may be expected to walk between the school and the homestay house. This includes walking home at the end of the evening activity at 10.00pm. All homestay houses are within twenty minutes' walking distance of the School.

**No student, irrespective of age, will be allowed to go out in the evenings except to go to their evening activities.**

**No student, irrespective of age, will be allowed to stay out later than the stated curfew time, even if written permission is obtained from parents.**

**I understand** and agree that my child will participate in the activity programme that has been agreed with the School. (The School reserves the right to change the activity programme at its own discretion.) I accept that there is an inherent risk of injury in participation in some physical activities.

Risk can be reduced to acceptable levels by implementing appropriate risk assessments. Copies of written risk assessments are available on request from the School.

**I consent** for my child to be allowed free-time in London, Canterbury, Margate, Broadstairs, Ramsgate (and/or any other location included in the activity programme) within certain time constraints set by the School and agreed with the group leaders. Free-time is only an option in the afternoons on trips and never an option in the evenings/at night.

**Students under the age of 13 will not be allowed free-time even if written permission is obtained from parents.**

Signed:	
Date:	

## FORM 6: PHOTOGRAPHS AND VIDEO CLIPS

**I understand** and agree that the School may take photographs or video clips of students during class or leisure activities and that these images may be used in the School's publicity or on its social media sites.

**I consent** for images to be taken.

**I consent** for images to be used in the School's publicity (brochures, website, social media platforms).

Signed:	
Date:	

## DATA PROTECTION

In May 2018 the General Data Protection Regulation (GDPR) comes into force. In the UK this new law replaces the existing Data Protection Acts. It is the responsibility of all data collectors to inform those whose data is collected the reason(s) for the data collection and how the data will be stored and/or used.

The data collected on this form are collected to ensure the health and safety of students attending Broadstairs English Centre, both in general and with particular regard to potential health issues and medical emergencies.

The data will either be stored in secure filing cabinets (if received in hard copy paper format) or on the School's intranet (if received in electronic format).

The data will not be shared with any third parties (other than medical practitioners in the event of an emergency).

These forms and the data contained within them (whether in hard copy or electronic format) will be destroyed (shredded, paper format; deleted, electronic format) within 7 days of the student leaving the School.

You have the right to make a request asking for details of the data that the School holds about you and how the data is being used and stored. You may also request for your data to be removed.

This document is intended solely for the named recipient and may (when completed) contain confidential information. If you have received this document in error, please send it back to [info@broadstairsenglish.com](mailto:info@broadstairsenglish.com) and immediately and permanently delete the original email and any attachment(s) that were received in error. Do not use, copy or disclose the information contained in this document (when completed). For information about how we process data and monitor communications see our Data Handling Policy and Procedures and our Privacy Policy.

## FORM 7: DECLARATION OF CONSENT

**I confirm** that the above details are accurate and complete (Forms 1-7).

**I understand** that signing each form is consenting to the terms of each form and that not signing any form is a statement of not agreeing to consent to the terms of that form. **I further understand** that not consenting to a particular form may result in the School not being able to accept my child's booking on a course at the School.

**I agree** to the terms and conditions.

**I have discussed** the agreed arrangements and roles with my child.

Signed (parent/guardian):	
Date:	

**I have discussed** the agreed arrangements and roles with my parent(s)/guardian(s).

Signed (student):	
Date:	

### Contact details

2-4 St Peter's Park Road, Broadstairs, Kent, CT10 1BL, UK

Tel: +44 (0)1843 601536

email: [info@broadstairsenglish.com](mailto:info@broadstairsenglish.com)

Broadstairs English Centre Ltd: registered in England No.7016710

**Broadstairs English Centre**

Accredited by the  
 **BRITISH  
COUNCIL**  
for the teaching  
of English in the UK

 **Quality  
English**

**ENGLISHUK**  
member