Parental Consent Form

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 at Brooke House College Summer School.

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

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 at the school; this may include healthcare and welfare professionals.

Student details

First name: Family name: Gender:

Date of birth: Nationality: First language:

Passport number: Passport expiry date:

Parents' or guardian's details

1.

Title: First name: Family name:

Relationship to child: First language: Level of English:

Full Address:

Mobile phone: Email:

2.

Title: First name: Family name:

Relationship to child: First language: Level of English:

Full Address:

Mobile phone: Email:

Agent Information

If you are travelling to Brooke House as part of a group, please indicate the name of the agency you are travelling with:

Accommodation

I agree to my son/daughter staying in accommodation arranged by the School. YES ☐ NO ☐

He/she understands that he/she must follow the 'school and house rules'. YES ☐ NO ☐

☐ Available in the Summer School Student Handbook, at www.brookehousecollege.co.uk/summer-school/before-arrival

If your son/daughter is staying with family members or is in accommodation arranged by yourself, please give full details:

Name of responsible adult in the accommodation: Date of birth:

Relationship to the child:

Full Address:

Mobile phone: Email:

Leisure activities

I give permission for my son/daughter to go on any trips organised by the school and to take part in these activities, under supervision by Summer School Staff or where applicable qualified instructors:

Ball Games / Sports	YES ☐	NO ☐
Swimming and water related sports	YES ☐	NO ☐
Canoeing/ Kayaking	YES ☐	NO ☐
Adventure sports (High Ropes, Rock-Climbing, Abseiling, Go Karting etc.)	YES ☐	NO ☐
Ice-skating	YES ☐	NO ☐

Unsupervised time

I give permission for my son/daughter (if 14+) to have free time for shopping on trips arranged by the school. YES ☐ NO ☐

I give permission for my son/daughter to have unsupervised free time (if in groups of 3 or more students) in Market Harborough during lunch and evening meal. YES ☐ NO ☐

Medical

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 YES ☐ NO ☐
- Other allergies e.g. materials, food, plasters 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 (please continue on an additional sheet, if required):

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 from Brooke House College Summer School to arrange medical treatment.
Of course, every effort will be made to contact you, the child's parents/guardians, as quickly as possible. YES ☐ NO ☐

Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact the school directly so that suitable arrangements can be made.

Photographs and video clips

I understand 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 site.

I consent for images to be taken.	YES ☐	NO ☐
I consent for images to be used in the school's publicity.	YES ☐	NO ☐
• Brochure	YES ☐	NO ☐
• Internal Noticeboards / Classwork	YES ☐	NO ☐
• Social Media	YES ☐	NO ☐
• Website	YES ☐	NO ☐

Consent

I confirm that the above details are accurate and complete.

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

Name of the parent/guardian 1:	Name of the parent/guardian 2:
Signature of the parent/guardian 1:	Signature of the parent/guardian 2:

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

Name of the student: Signature of the student:

PLEASE NOTE

Should any of the information provided above change prior to your child's arrival, it is the responsibility of the parent/guardian to notify the college promptly.