



# Consent to Travel and Medical Consent Declaration

Please attach passport-size photo of student here

To be completed by parents (or guardians) of students under the age of 18.

Please complete a separate form for each student. Thank you.

<b>Name of student</b>		<b>Date of birth</b>	
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I authorise the student named above to travel to and from the UK for the agreed course with English in Canterbury. ☐

I authorise English in Canterbury to arrange, when necessary, for any emergency medical treatment to be administered to the student named above. I agree to pay any hospital, medical or other relevant fees. ☐

I accept that English in Canterbury may take photographs of the named student for publicity purposes, but understand that the student will remain anonymous. ☐

I understand that outside the organised activities there won't be adult supervision and that the student will only be allowed out until 10:30pm. ☐

I agree that the named student will only be allowed to travel on his/her own within the local area. ☐

I have read, and agree to, the Consent to Travel and Medical Consent terms and conditions. ☐

I can confirm the named students also understands these terms and conditions ☐

<b>Parent's name</b>	
<b>Parent's address</b>	
<b>Parent's phone number</b>	
<b>Signed by parent</b>	
<b>Date</b>	

Please let us have the following information concerning the student:

<b>EHIC card number (EU/EEA students only)</b>	
<b>Medication</b> Name, quantity, frequency	
<b>Allergies</b> Food, medication, plasters, pets...	

For English in Margate use only:

<b>Date received</b>	
<b>Group (if applicable)</b>	
<b>Course type and dates</b>	