



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.

Name of student		Date of birth	
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I authorise the student named above to travel to and from the UK for the agreed course with English in Margate.

I authorise English in Margate 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 Margate 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

Parent's name	
Parent's address	
Parent's phone number	
Signed by parent	
Date	

Please let us have the following information concerning the student:

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

For English in Margate use only:

Date received	
Group (if applicable)	
Course type and dates	