



MACKENZIE
School of English

PARENT/GUARDIAN/CARER CONSENT FORM

(Please complete the following, sign and return)

Personal details

Name of student:

Date of birth:

Programme dates:

Name of parent/guardian/carer:

Relationship to student:

Address:

Postcode:

Tel (day):

Tel (evening):

Mobile:

Email:

Approximate level of English (if known):

Medical Information

Does the student suffer from any medical conditions/allergies that the School should be aware of (including any current medication)? Yes / No

If yes, please give details:

Please provide details of any medication:

Does the student have any special dietary requirements? Yes / No

If yes, please give details:

Consent (please read carefully)

- I agree to the named student taking part in the activities of the School
- I confirm to the best of my knowledge that the named student does not suffer from any medical condition other than those listed above
- I consent to the named student being given over the counter medicines such as Paracetamol or Ibuprofen (only if this does not conflict with other allergy advice given)
- I allow the School or Group Leader to be able to give medical consent for the named student in case of an emergency medical situation
- I accept that the above named student will pay a £40 (or 50 EURO) damage deposit which will be retained in the case of lost keys or damage to the property. Otherwise this will be returned at the end of the course.
- I consent to the named student travelling to and from the campus or activities by both public and private transport
- I give permission that the School may take photographs of the named student to be used in promotional material or social media
- I understand that the School accepts no responsibility for loss, damage or injury caused by or during attendance to any School organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the School
- If the named student does not adhere to the rules of the School I accept he/she may be sent home without completing the course and that no refund of fees will be given
- I authorise the School to provide any reasonable alternative to accommodation or the activity programme where changes are necessary

Signed:
(parent/guardian/carer)

Date: