Select English Consent and Medical Form for Under 18s Culford Teens 13-16



Select English take your privacy seriously and will only use the data collected on this form to provide the course you have booked taking due consideration to your health and safety.

Any information you provide us with will be treated sensitively. Your information will only be shared with members of school staff who need it to ensure a safe and comfortable environment for you during your stay. At the end of your course this form will be safely destroyed. If you fail to provide information on the following items, it could have a significant effect on you. Before completing this form, please read our <u>Privacy Policy</u> It will explain the data we collect from you, why we request it and how it will be processed.

Student Name:							
Date of Birth:							
Student Mobile Number:							
Student Woodle Warriber.							
Title and Full Name of Pare	ent/Guardia	an:					
Relationship to Student:			_				
☐ Mother		ather		Other (please s	pecify)		
Email Address:							
Emergency Contact Numb	er:						
Does the person on the emergency phone speak English? \square Yes \square No							
Which language(s) does th	e person or	n the emergency	/ phone	speak?			
Does your child take any regular medication?							
,	J						
□ Yes □	No						
If yes, please give details including dose							
In the event of a cold, min	or injury or	illness, can we g	give any	of the following	medication	s to you	
son/daughter?							
☐ Paracetamol		☐ Strepsils (throat sweets)					
☐ Ibuprofen		\square Savlon (antiseptic cream)					
☐ Clarityn (Antihistamine) ☐ Dioraltye Rehydration Sachets							
Has your child taken Paracetamol or Ibuprofen before? \square Yes \square No							
PLEASE DO NOT SEND ANY NON-PRESCRIPTION MEDICATION WITH YOUR CHILD/CHILDREN. IF THEY ARE UNWELL, WE WILL ARRANGE FOR THEM TO SEE A DOCTOR.							





EMERGENCY MEDICAL TREATMENT						
Can Select English authorise emergency medical treatment in your absence?						
☐ Yes ☐ No If you have ticked No, please advise what action sho	ould be take	n?				
ALLERGIES:						
Medication						
Food or drink products						
Animals		Other: please state below.				
Do you use a EpiPen for your allergy? ☐ Yes ☐ GENERAL HEALTH: Has your son/daughter ever suffered from any of the	No e following	conditions:				
Asthma						
Diabetes	+	Fainting/blackouts				
Other: (Please detail below)		Heart problems	 			
If you have ticked any of the boxes above, please pro	ovide full de	etails below.				
DIETARY REQUIREMENTS:						
Halal	ТП	Vegetarian				
Kosher	□ Vegetarian □ □ □ □					
Gluten Free		Nut free				
Lactose Free		Other (Please state)				
INSURANCE						
Does your child have a European Health Insurance C	Card (EHIC)?	☐ Yes ☐ No				
If yes, please provide the card number:						
Do you have private Health Insurance? ☐ Yes ☐ No						
If yes, please provide the name of the insurer and po	olicy numbe	er:				







PHOTOGRAPHY

Select English will take photos during courses for use in promotional materials and social media. We will inform all students before we take any photos and what they will be used for. If they do not wish to feature they can inform our staff. Our promotional materials include our brochure, website (http://www.selectenglish.co.uk), flyers, posters and newsletters. Our Social Media sites are Facebook and Instagram. https://www.facebook.com/Selectenglish/ and https://www.instagram.com/select_english/?hl=enb. You can contact us for further information about photography or to advise us if you prefer not to be included in any photography at info@selectenglish.co.uk

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All students on the Culford course must use the transfer service offered by Select English unless travelling with a parent or guardian.

ARE OF UNDER 18'S
This is to confirm that I have read and understood the Select English Care of Under 18s Statement . This is to confirm that I have read and understood the Select English Terms and Conditions . This is to confirm that I have read and understood the Select English Privacy Policy
UTHORISATION
ULL NAME OF PARENT OR GUARDIAN:
IGNATURE: Date:





Select English Care of Under 18s Statement

THE ABOVE CONSENT FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN AND RETURNED TO THE SCHOOL BEFORE THE COURSE START DATE.

- Every student will be given a wristband containing the school emergency number (07985 026835)
- Students are given safety advice as part of their pre-arrival information and first day induction. This can be downloaded from our website www.selectenglish.co.uk
- The activity programme is compulsory

SUPERVISION

- We endeavour to have a same-sex member of staff living on each corridor, but it is not always possible
- Students must attend all off-site excursions unless they are feeling ill. When ill, a member of Select English staff will remain on site
- On social activities and trips staff/student ratios will be at least 1:20. However, ratios will be determined by the risk assessment carried out for each activity.
- During trips students will be allowed to leave staff to visit shops and other amenities for a maximum of 90 minutes and will be told to stay in groups of at least three. After 90 minutes they must check in with the designated supervisor.
- Select English has a clear set of rules for free time which will be known to all students.
- Students will receive three meals a day. There is also a tuck shop available where students can purchase snacks and drink
- There will be a member of staff with on-call overnight responsibility in each boarding house. Male and female staff will patrol corridors after lights out

Please return this form to marta.pytel@selectenglish.co.uk

