Select English Consent and Medical Form for Under 18s Culford Young Learners 10-13



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 Privacy Policy 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:								
Title and Full Name of Parent,	/Guardian:							
Relationship to Student:								
□ Mother □	Fathe	er						
Email Address:								
Emergency Contact Number:								
Does the person on the emer	gency phone	e speak English? 🗌 Yes 🗆 No						
Which language(s) does the person on the emergency phone speak?								
Does your child take any regu	lar medication	ion?						
□ Yes □ N	0							
If yes, please give details including dose								
In the event of a cold. minor i	niurv or illne	ess, can we give any of the following medications to you						
son/daughter?								
☐ Paracetamol		☐ Strepsils (throat sweets)						
☐ Ibuprofen		☐ Savlon (antiseptic cream)						
☐ Clarityn (Antihistamine)		☐ Dioraltye Rehydration Sachets						
Has your child taken Paracetamol or Ibuprofen before? Yes 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 trea	atment in yo	our absence?	
☐ Yes ☐ No If you have ticked No, please advise what action sho	uld be take	n?	
ALLERGIES:			
Medication		Plasters	
Food or drink products		Insect Stings	
Animals		Other: please state below.	
Do you use a EpiPen for your allergy? ☐ Yes ☐	No		
GENERAL HEALTH:	NO		
Has your son/daughter ever suffered from any of the	 _ following		
Asthma		Fainting/blackouts	
Diabetes		Heart problems	
Other: (Please detail below)		Heart problems	<u> </u>
If you have ticked any of the boxes above, please pro	_ ⊔ ovido full de	haile halaw	
II you have ticked any of the boxes above, picuse pro	JVIUE IUII GC	italis below.	
DIETARY REQUIREMENTS:	Т	Verstarion	T
Halal		Vegetarian	
Kosher		Vegan	
Gluten Free		Nut free	
Lactose Free		Other (Please state)	
	1		
INSURANCE			
Does your child have a European Health Insurance C	ard (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.

with a parent or guardian.					
CARE 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 					
AUTHORISATION					
FULL NAME OF PARENT OR GUARDIAN:					
SIGNATURE: Date:					



Select English Care of Under 18s Statement

Select English

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 will have a same-sex member of staff living on each corridor
- Students must attend all off-site excursions unless they are feeling ill. When ill, a member of Select English staff will remain on site
- Staff/student ratios will generally be 1:15 on the Culford Young Leaners Course. However, ratios will be determined by the risk assessment carried out for each activity
- There will be no unsupervised free time on excursions
- Students will receive three meals a day. There is also a tuck shop where students can purchase additional snacks and drinks if required
- 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



