



CONSENT AND EMERGENCY FORM

FOR OVER 18s

This form should be completed by the parent(s)/legal guardian(s) of all students under the age of 18 who are travelling to the UK to join a programme organised by English for Less Education and Travel (hereafter EFL). Please complete this form in CAPITALS. EFL is legally obliged to ask for this information and it is essential that you send the form back to us before the student travels to the UK. Without this form, students cannot participate in the programmes offered by EFL.

- Please return this form to EFL by email (hello@englishforless.com) or to your agent / teacher.
- The student must carry the original copy in their hand luggage to present to Immigration if asked.

1. STUDENT DETAILS	
Student's full name	
Date of birth	
Nationality	
Passport or ID number	
Arrival date to the UK (dd / mm / yyyy)	
2. EMERGENCY CONTACT DETAILS OF 2 PEOPLE TO BE CONTACTED IN CASE OF AN EMERGENCY. PLEASE INDICATE IF THEY SPEAK ENGLISH	
Emergency contact person 1	Emergency contact person 2
Name	Name
Relationship to the student	Relationship to the student
Native language	Native language
Do they speak English? Yes No	Do they speak English? Yes No
Phone number + ()	Phone number + ()
Email address	Email address
3. I HEREBY GIVE CONSENT FOR	
<ul style="list-style-type: none">• The School Director to make emergency decisions on my behalf of the student if unable to give consent while on the EFL programme.• First aid to be administered and appropriate non-prescription medication to be given.• To receive (in the event of an emergency) medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. Please note that any charges for medical treatment remain the responsibility of the student.• All students must have medical / travel insurance. EFL should be sent a copy in advance of the course.• To participate in off-site activities and excursions organised by EFL and other external providers.• To travel independently between the accommodation and the school / activities location.• My images, photos or comments to be used in EFL promotional materials.	

DECLARATION

To Whom It May Concern:

- I have read and accept EFL Terms and Conditions.
- I agree to release EFL from any liability resulting from any causes of action for personal injury, disability, medical expenses, property damage or theft, or any other claims that may arise from my child's participation. EFL will take all reasonable precautions to ensure the safety and well-being of all students.
- I understand that I will be unsupervised at certain times of the day and evening.
- I understand that if I breaks any of the following rules, they may be sent home immediately and at our own cost. Rules include:
 - Attendance at classes, activities and excursions is mandatory and students must be on time.
 - Mobile phones must not be used in lessons or during activities.
 - Smoking, stealing, bullying, fighting, disobedience, rudeness and damage to EFL property are forbidden.
 - Consumption of alcohol is strictly forbidden and illegal for students under the age of 18.
 - Drug-taking is strictly forbidden and it is illegal.

**4. MEDICAL AND WELFARE INFORMAITON
PLEASE CONTINUE ON A SEPARATE SHEET IF NEEDED**

Does the student have any medical condition?	Yes	No
If yes, please give the name of the condition.		
Does the student require medication?	Yes	No
If yes, what is the name of the medication?		
Please specify if the medicine is tablets, creams, etc.		
What dosage is required?		
How often should the dosage be given?		
Is the student permitted to self-medicate under the supervision of EFL staff or group leader?	Yes	No
Notes regarding any medical condition or medicine.		
Does the student have any learning or behavioural difficulties (eg dyslexia)?	Yes	No
If <u>yes</u> , please provide details.		
Does the student have any family problems (eg recent death in the family, parents recently divorced, etc.)?	Yes	No
If <u>yes</u> , please provide details.		
Does the student have any allergies (eg penicillin, dairy)?	Yes	No
If <u>yes</u> , please provide details.		
Does the student have any special dietary requirements (eg vegetarian, halal only etc.)?	Yes	No



If <u>yes</u> , please provide details.		
Does the student have any food allergies (eg. peanuts, celiac)?	Yes	No
If <u>yes</u> , please provide details.		
Can the student swim at least 10 metres unaided?	Yes	No

5. SIGNATURE OF THE OVER 18 STUDENT PLEASE ENSURE THAT ALL PAGES ARE SIGNED AND POINT 5 IS COMPLETED	
Signature	
Printed name	Date

Thank you for the understanding and thank you for completing the form.

The information that you provided helps us to ensure our students' safety and well-being while they are enjoying their "English experience".

The English for Less Team