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| Parental agreement for students under 18 | **A blue and grey logo  Description automatically generated** |

We look forward to welcoming your child to study with us and we want them to feel happy and safe in Bristol. IH Bristol has a legal duty of care to look after all U18s and we have the best awareness of local UK laws, safety, and customs, which may be different to your country. It is important you understand the rules of the school and that you accept the conditions.

**The parent/guardian and the student must read, complete, and sign this form. It must be typed, not hand-written.** Your child cannot start their course or be placed with a host (if booked) until IH Bristol has received this completed form - **YOU MUST PROVIDE AN ANSWER FOR ALL QUESTIONS.**

1. **Personal details**
   1. Student’s details

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| --- | --- | --- | --- |
| Student’s first name\*: |  | Student’s family name (surname)\*: |  |
| Student’s preferred name (if different to the above): |  | Passport Number: |  |
| Date of birth: |  | Student’s mobile: |  |
| Student’s email: |  | | |

\*Please write the name exactly the same as on their passport

* 1. Parent/guardian details **- Emergency Contact** **#1** (person with legal responsibility for student)

|  |  |
| --- | --- |
| Name: | Relationship to student: |
| Mobile: | Telephone (home landline): |
| Telephone (work landline): | Email: |
| Address: | |
| Level of English of parent or guardian (low / medium / high): | |

* 1. Parent /guardian details - **Emergency Contact** **#2** (person with legal responsibility for student)

|  |  |
| --- | --- |
| Name: | Relationship to student: |
| Mobile: | Telephone (home landline): |
| Telephone (work landline): | Email: |
| Address: | |
| Level of English of parent or guardian (low / medium / high): | |

* 1. Details of your child’s doctor in your country:

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| Name: |
| Telephone: |
| Email: |

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| * 1. Date of your child’s most recent tetanus injection, if known: |  |

* 1. Does your child have medical insurance? **Yes  No**

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| If **yes**, who has details of this insurance? |
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**European students only:**

If your child is from the EEA (European Economic Community), do they have a valid EHIC (European Health Insurance Card)? **Yes  No**

1. **Medical Information [Please write this only in English so our team can understand!]**

You must tell us about all physical and mental health conditions here. If you do not tell us about a health condition in advance, we reserve the right to terminate your child’s course and/ or accommodation. IH Bristol may request further information on any of your answers below.

* 1. Does your child have any allergies (e.g. food allergies, cats/dogs, insect bites, etc)?

**Yes  No**

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| If **yes**, please give details, including how severe the allergy is, symptoms, what to do in an emergency and any other information the school or a homestay may need to know: |
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| * 1. Does your child have any physical medical conditions? (e.g. diabetic, high blood pressure, etc.)  **Yes  No**   If **yes**, please give details, including any support required in homestay, the classroom or on activities, including what to do in an emergency: |
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| * 1. Does your child have any mental health conditions? (e.g. depression, anxiety, eating disorder, etc.) **Yes  No**   If **yes**, please give details, including any support required in homestay, the classroom or on activities, including what to do in an emergency: |
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* 1. Does your child have any special educational disabilities or behavioural needs? (e.g. dyslexia, ADHD, autism spectrum disorder, etc.)

**Yes  No**

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| If **yes**, please give details, including any support required in homestay, the classroom or on activities, including what to do in an emergency: |
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* 1. Please add here any other useful information/concerns which will help us to support your child during their stay (e.g. first time abroad, possible homesickness, recent family or relationship issues or illnesses, etc.):

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1. **Medication**
2. Does your child take any medication? **Yes  No**

**If ‘yes’, complete the box(es) on the next page (sections b, c, d).**

**If ‘no’, leave blank and go to section 4: ‘Medical – permissions and other’.**

Please ensure your child brings all the medication they need for the duration of their stay as it may not be possible to obtain more in the UK.

Students on medication should bring a letter from their doctor written in English with the name of the medicine, the dosage, the time, and frequency it should be taken and the condition for which it is prescribed. **Please provide this letter; THIS IS ESSENTIAL for our team so can care for your child safely.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. How many different medications does your child take? | |  | |
| 1. **MEDICATION 1** |  | |
| Medical condition: |  | |
| Full name of prescribed medication: |  | |
| Dosage (how much and how often?): |  | |
| Time of day taken: |  | |
| Will your child self-administer this medication? | **Yes  No** | |
| If **no**, who will administer the medication? |  | |
| Does the medication need to be kept in a fridge? | **Yes  No** | |
| Any additional notes (what else do we need to know?): |  | |

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| 1. **MEDICATION 2** |  |
| Medical condition: |  |
| Full name of prescribed medication: |  |
| Dosage (how much and how often?): |  |
| Time of day taken: |  |
| Will your child self-administer this medication? | **Yes  No** |
| If **no**, who will administer the medication? |  |
| Does the medication need to be kept in a fridge? | **Yes  No** |
| Any additional notes (what else do we need to know?): |  |

(If your child needs to take *more* than 2 medications, please complete an additional medication form.)

1. **Medical – permissions and other**

a.I give permission for IH Bristol staff/ homestay hosts to give my child ‘over-the-counter’ or non-prescription medicine if required (for example, paracetamol, antihistamine).

**Yes  No**

b. I give permission for my child to be registered with a doctor in the UK in order to get an appointment:

**Yes  No**

c. I give permission for medical treatment to be given to my child in an emergency. (This may be arranged by a responsible person at IH Bristol or in their accommodation. We will contact you, as the parents/ guardians, as soon as possible.)

**Yes  No**

**Parent/ guardian declaration on medical information provided:**

I confirm that I will be held responsible if an incident occurs relating to a known physical or mental health condition my child has during their time in the UK with IH Bristol, but where no information / incomplete information was provided by me about this condition. (Please tick ‘Yes’ box here:) Y**es**

1. **Accommodation**

Children (under 18 years old) must stay with an IH Bristol host, or in private accommodation with a responsible adult (relative or close family friend).

* 1. Will your child stay with an IH Bristol host? **Yes  No**

If your child is **not** staying with IH Bristol host, please provide details of where your child will stay below:

|  |  |
| --- | --- |
| Full name: | Relationship to student: |
| Telephone (home): | Telephone (work): |
| Email: | Date of birth: |
| Address in/ near Bristol where they will stay: | |
| Level of English (low/ medium/ high): | |

1. **Travel details**
   1. I give permission for my child to travel to the UK and study at IH Bristol. **Yes**

Please provide your child’s flight details below (students arriving or departing their host’s house **after** 11pm/or **before** 6am incur a late arrival/early departure fee – see fees on our website):

|  |  |
| --- | --- |
| * 1. **Arrival** flight/ train details: | |
| **Arrival** date: | **Arrival** airport/ train station: |
| **Arrival** terminal: | Airline: |
| Flight No: | Airport/ train station arriving from: |
| **Arrival** time: |  |

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| --- | --- |
| * 1. **Departure** flight/ train details: | |
| **Departure** date: | **Departure** airport/ train station: |
| **Departure** terminal: | Airline: |
| Flight No: | Airport/ train station departing to: |
| **Departure** time: |  |

**Travel between airport/train station and accommodation:**

* ***Students aged under 16******must travel*** *with a responsible adult between the airport/train station to their accommodation; this could be a relative, a sibling aged 16+, or a taxi driver.*
* *We recommend* ***all U18s*** *book a return taxi* *transfer for arrival/departure arranged by IH Bristol.****We consider this essential for late/early arrivals and departures to ensure your child’s safety.***

***Arrival***

* 1. I would like to book a taxi transfer arranged by IH Bristol for arrival. **Yes  No**
  2. If **‘no’**, how will your child travel from the airport to their accommodation?

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| --- | --- |
| Type of travel from airport or train station to accommodation (for example, by taxi/bus): | |
| Name of responsible adult/sibling aged 16+ accompanying student from arrival in the UK: | Relationship to child: |
| Telephone (home): | Telephone (work): |
| Email: | Level of English (low / medium / high): |

***Departure***

* 1. I would like to book a transfer arranged by IH Bristol for departure. **Yes  No**
  2. If ‘**no**’, how will your child travel from their accommodation to the airport?

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| --- | --- |
| Type of travel from accommodation to airport or train station (for example, by taxi/bus): | |
| Name of responsible adult/sibling aged 16+ accompanying student to UK departure point: | Relationship to child: |
| Telephone (home): | Telephone (work): |
| Email: | Level of English (low / medium / high): |

* 1. My child (ages 16-17 only) will travel **without** adult supervision to the UK. **Yes  No**

1. **Supervised and unsupervised time guidelines**

Please read the following rules for unsupervised time during your child’s stay and check that you understand the relevant rules for their age group. **YOU MUST ACCEPT (by ticking ‘yes’ below) FOR ALL THESE CONDITIONS, OR WE CANNOT ACCEPT YOUR CHILD ON AN IH BRISTOL COURSE:**

[U18 unsupervised time provision summary](https://www.ihbristol.com/sites/default/files/u18_unsupervised_time_provision_summary_12-17_year_olds.pdf)

* 1. I have read, understand and accept the rules for unsupervised time for my child’s age group.  
      **Yes**
  2. I confirm my child will abide by the curfew of 9.30pm for students 15 years old or younger, and 10.30pm for students aged 16-17 years old. We cannot make curfew exceptions. **Yes**
  3. I understand my child **must** attend all scheduled classes and social programme activities on their programme, unless I have requested special permission using the form linked below and this has been agreed with the school. **Yes**
  4. I give permission for my child to attend IH Bristol events outside school premises (for example, Bowling, trip to London) **Yes**

To request permission for your child to be absent for part of the IH Bristol programme, for example, **a day away visiting family,** you must complete this parental/ guardian permission form: [Permission form for unsupervised trips for students under the age of 18](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ihbristol.com%2Fsites%2Fdefault%2Ffiles%2Funsupervised_trips_for_u18s_form_0.doc&wdOrigin=BROWSELINK) and email it to [info@ihbristol.com](mailto:info@ihbristol.com) **at least 3 or more days in advance.**

1. **Photos and videos**

We will ask you for, or will take, a ‘passport-style’ photo of your child. This is for safety and identification purposes and is therefore essential. This will be stored securely on our school database for IH Bristol staff only.

IH Bristol may also take photographs or videos of students during class or leisure activities and these images may be used in IH Bristol’s publicity or on its social media.

* 1. My child and I consent for images to be taken and used in IH Bristol’s publicity/social media:

**Yes  No**

1. **Parent/ guardian declaration**

I confirm:

* The information I have provided is accurate and complete;
* I have read the IH Bristol **Student Handbook** and discussed the school rules, UK Law, and guidance with my child and we agree they will comply with these;
* **In the event of an incident which IH Bristol considers serious, I confirm there is a plan in place for my child to return home immediately.**

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| --- | --- |
| Name of parent/guardian: |  |
| Signature (you can type this): |  |
| Date: |  |

**Student declaration**

* I agree to the terms and conditions and the information in this document;
* I have discussed these rules and the information here with my parent/guardian and agree to comply with these.

|  |  |
| --- | --- |
| Name of student: |  |
| Signature (you can type this): |  |
| Date: |  |

**Data Protection** – IH Bristol will keep the information you give us secure and only share with people who need to know and are directly involved with the care of your child (including healthcare and welfare professionals). See here for further information on IH Bristol’s privacy policy: <https://www.ihbristol.com/privacy-policy>