



CONSENT FORM FOR PARENTS

Please complete, sign and send to the school with your enrolment.

Name of student	Date of Birth
Course Centre	Course Dates
Name and address, email and emergency contact number while your child is in MALTA	
<p>SWIMMING There are qualified life guards at the swimming pools. Do you give your permission for your child to go swimming with the school? Yes / No Can your child swim 50 metres or more? Yes / No Do you give permission for your child to take part in optional underwater diving lessons taught by qualified "PADI" instructors (Malta Only, supplement charge) Yes / No</p>	
<p>OUTDOOR ACTIVITIES To include kayaking and canoeing These take place with fully qualified activity instructors Do you give permission for your child to take part in these activities? Yes / No</p>	
<p>MEDICAL INFORMATION Date of your child's last tetanus vaccination:</p>	
<p>Does your child take any regular medication, which he/she will bring with him/her? Yes / No If yes, please supply details:</p>	
<p>Does your child your child suffer from any serious illness, allergies or behavioural problems (eg. asthma, diabetes, epilepsy, nut allergy, panic attacks etc.) Yes / No If yes, please supply details:</p>	
<p>Medication In case of minor pain or illness such as headache, mild cold or sore throat do you agree to your child being given non-prescription medicine such as aspirin, paracetamol, cough medicine or throat pastilles? Yes/ No</p>	<p>Emergency Hospital Treatment In case of any medical emergency every effort will be made to contact the child's parents. If your child needs an emergency operation at the hospital do you give an International House representative permission to sign the consent form necessary? Yes/No</p>
<p>TRAVEL INSURANCE All course participants are required to have adequate personal travel insurance covering medical expenses and repatriation, loss or theft of property and cancellation or curtailment of course for whatever reason.</p>	
Name and policy details of insurance	

We have read and understood the points and agree to abide.

Signed (Parent) Date.....

Signed (Student)Date.....

If any of the details on this form change please notify us **before** the course starts.