



## Parental Consent Form

School Group:

Dates:

Group Leader:

### **Before signing this Consent Form it is important that you understand:**

1. That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor Eagle International School, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit or journey, unless such loss, damage or injury, results from the negligence of Eagle International School or its employees.
2. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In all cases every effort will be made to contact parents in the first instance so long as time allows.
3. I understand that Eagle International School reserves the right to ask for my child to be returned home if any emotional or medical issues arise.
4. Breaches of Discipline: Students will be sent home, for breaches of discipline or unacceptable behaviour. Parents will be contacted by the School and asked to arrange transport for their son/daughter to be brought home, at their own cost. Written explanations will be given to parents, usually by email. In such cases no monies will be refunded. Eagle International School will mediate between the Court and any student involved in a Court Order but will not pay fines or stand bail.
5. I agree to my child having, short periods of unsupervised free time during the Excursion / Activity Programme and for certain periods in the evenings and at weekends (within the school evening curfew times). Students may have either a short unaccompanied walk of 10/15 minutes to school or from Host Family to coach pick and drop off points, mornings and evenings. Routes have been risk assessed by the School. An overseas teacher/leader will be on the coach with their students.
6. Should your child encounter any serious problems, concerns or issues during the course in Poole, you are advised to contact the Group Leader or Mrs Joan. Rees, the Principal, immediately.

## Letter of Consent from Parent/Guardian:

Student Name:  Male Female (circle)

Date of Birth:  /  /

Nationality:  Travelling from (country):

The student is travelling to:  Poole, Dorset, United Kingdom

School Name / Address:  Eagle International School, Poole, BH14 8BJ

School telephone number:  +44 1202 745175 (or +44 7812 601084 in emergencies only)

Course Name:  Junior Vacation Course Dates:

Names of Parents/Guardians:

Parent/Guardian Address (during course in Poole):

Parent/Guardian Phone Number (during course in Poole):

**Consent:** Please return to **Eagle International School** or to the **Eagle International School Representative**.

Having read the information provided, I agree to my child taking part in the Eagle International School Programme:

Names of Parents/Guardians:

Parent/Guardian Address:

Parent/Guardian Phone Number:

Signed:

Name:

Date:  /  /

*Please retain a copy of this form for your own records.*