

Parent / guardian & student details

Parent / guardian full name

Parent / guardian contact phone number

Relationship to child

Parent / guardian contact e-mail address

Child's full name

Child's mobile phone number

Medical details

Do they have a condition or illness to declare? YES / NO

If yes please give further details

Do they have any allergies? YES / NO

If yes please give further details

Are they taking any medicines at present? YES / NO

If yes please give further details

Are they fully vaccinated for Covid-19? YES / NO

Travel authorisation

I authorise this child to travel to the UK to attend an English language programme organised by Brighton Language College International

Dates of travel DD-MM-YYYY // DD-MM-YYYY

I have arranged for a BLC International representative to meet and transfer the child to/from the airport

I am accompanying the child

The child is travelling as part of a group and will be accompanied by a representative of a tour group

Emergency medical authorisation

We, the parents/guardians, agree that in the case of illness our child can be attended to by a doctor, hospitalised and operated on in a medical emergency. They may be given medication according to a qualified doctor's advice in an emergency including the admission of anaesthetics and blood transfusions.

We, the parents/guardian, agree to inform the school of any change in our child's medical condition before their arrival at the school

Name _____

Signature _____

Date _____