PARENTAL CONSENT FORM

| Name of the group leader: | | | | |
|--|--|--|--|--|
| STUDENT INFORMATION | | | | |
| Name and Surname: M F | | | | |
| Date of birth: | | | | |
| Nationality: | | | | |
| Type of document: | | | | |
| N. of document: | | | | |
| Expiry date of the document: | | | | |
| Address: | | | | |
| Parent/Guardian: | | | | |
| Name and Surname | | | | |
| Tel: Mobile: | | | | |
| Email: | | | | |
| | | | | |
| | | | | |
| MEDICAL INFORMATION | | | | |
| Family Doctor: | | | | |
| Does your child suffer from any medical conditions / allergies that the school should be aware of? | | | | |
| Please provide details of any medication that must be administered: | | | | |

PARENTAL CONSENT

| I, | parent/guardian of | ., hereby consent to the |
|----|--|--------------------------|
| | participation of my son/daughter in the full study holiday programme | hosted by The British |
| | International School (BIS). By signing this form, I acknowledge and | agree to the following |
| | conditions: | |

- a) We consent to our son/daughter staying in host family accommodation and traveling by any form of public transport, minibus, or motor vehicle to and from the families on their own without the responsibility of tour leaders, school, BIS and host families.
- b) We confirm to the best of our knowledge that our son/daughter does not suffer from any medical condition/allergies other than those listed above.
- c) We consent to our son/daughter being administered their medications (listed above) by the Group Leader who will carefully follow the instructions for use. Please choose: YES or NO
- d) We consent to our son/daughter being treated at a local clinic or hospital in the event of a medical emergency. We will also be informed. Please choose: YES or NO
- e) We consent to our son/daughter traveling by any form of public transport, minibus, or motor vehicle accompanied by a BIS member of staff to any event in which the school is participating.
- f) We understand that the school or organizers accept no responsibility for loss, damage, or injury caused by or during attendance at any of the school's organized activities except where such loss, damage, or injury can be shown to result directly from the negligence of the School or Organizers.
- g) We consent to our son/daughter participating in evening activities outside of the program, understanding that the tour leaders, school, hotel, and host families hold no responsibilities for any incidents or accidents that may occur during these outings. Please choose YES or NO

PHOTO/VIDEO RELEASE FORM

The British International Student HAS / HAS NOT (circle as appropriate) our permission to use our son/daughter photos or videos publically to promote the our organisation. We understand that the images and videos may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to us by reason of such use.

PRIVACY AND PERSONAL DATA INFORMATION

We inform our customers that we collect their personal information for the organisation of their Study Programme only and for the booking of the requested services (e.g. flights, accommodation, English course), but will not keep it for longer than necessary.

| Student: (Printed name) | Signed: |
|-----------------------------------|---------|
| Parent (Guardian): (Printed name) | Signed: |
| Date: | Date: |