

Medical Details and Consent to Travel Form



Parent / Guardian & Student Details

Full Name of Parent / Guardian

Emergency Telephone Number (incl. country code)

Email Address

Full Name of Child

Medical Details

1. Does your child have a condition or illness that requires medical treatment? ☐ Yes ☐ No

If yes, please give details:

2. Does your child suffer from any allergies? ☐ Yes ☐ No

If yes, please give details:

3. Is your child taking any medication at present? ☐ Yes ☐ No

If yes, please give details:

Travel Authorisation

I authorise my child to travel to the UK to attend an English Language Programme organised by Brighton Language College during the specified dates.

☐ I have arranged for a BLC representative, carrying a BLC ID to meet my child at the airport and transport them to the school.

☐ I will be accompanying my child.

☐ My child is travelling in a group and will be accompanied by _____ who is a group leader / person responsible for my child.

We, the parents/guardian, agree that in the case of illness our child should be attended by a doctor or hospitalised or operated on in an emergency, and 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 his/her arrival at the school.

Signature

Date

__ / __ / __