



# JUNIOR STUDENT WELFARE AND CONSENT FORM

To be completed by parent or guardian of under-18 students  
Please write in CAPITAL LETTERS- use additional sheet if necessary

## Information about your child:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Course Dates: From \_\_\_\_\_ To \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport/ID No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age during course: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Home Address (in your country): \_\_\_\_\_

\_\_\_\_\_ your email: \_\_\_\_\_

Your child's mobile telephone number: (+ \_\_\_\_\_ ) \_\_\_\_\_

Your telephone number: (+ \_\_\_\_\_ ) \_\_\_\_\_

## Who can we contact in an emergency? (should be contactable 24 hours)

1. Name: \_\_\_\_\_ Relationship (mother; friend...) \_\_\_\_\_

Telephone number: (+ \_\_\_\_\_ ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship (mother; friend...) \_\_\_\_\_

Telephone number: (+ \_\_\_\_\_ ) \_\_\_\_\_

## Medical Conditions/Allergies:

Is your child allergic to any medicines: YES / NO please circle Eg. penicillin, paracetamol, allergy to plasters

If yes, please give more information: \_\_\_\_\_

Are there any medical conditions, food allergies or special educational needs that we should know about, including any current medication? Eg. Diabetes, epilepsy, dyslexia, asthma, nut allergy, depression YES / NO please circle

If yes, please give more information: \_\_\_\_\_

## School/Social Programme:

Do you consent to your child participating in scheduled supervised evening activities: YES / NO

*If no, your child must stay at home with their homestay (host family) during scheduled evening activities.\**

Do you consent to your child going out in the evenings when there is no supervised scheduled activity: YES / NO

*If no, your child must stay with their homestay when there are no scheduled evening activities.\**

*If yes, your child must return to their homestay by Riviera English School's curfew times: 13/14 year-olds 21.30, 15/16/17 year-olds 22.00\**

Do you consent to your child having some unsupervised time during school breaks and on some activities: YES / NO

*If no, your child must stay in school during break and lunch times, or with the leader at all times during excursions/activities.\**

*Groups: \*The school may agree to a limited number of students aged 11 and 12 to attend as part of a group if the group leader/organiser agrees to accompany these students when they are not in school. This includes to/from school and activities. Unaccompanied free time is not permitted by the school for these students.*

Can your child swim: YES / NO please circle

Occasionally photos and videos are taken during lessons and activities for educational or publicity purposes.

Please tick the box if you DO NOT want your child photographed or videoed

I have been fully informed about the course, the programme, the accommodation arrangement, travel to/from school, transfers, potential free-time and I give my full permission for my child to attend.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO RIVIERA ENGLISH SCHOOL BY EMAIL [info@riviera-english-school.com](mailto:info@riviera-english-school.com)