



## Travel

I give consent for my son/daughter to travel to the UK and study at Summers Abroad Summer School.

I agree that my son/daughter can travel accompanied by an adult Group leader:

- to and from Southampton at the start and end of their course. YES  
 NO
  
- between the school and his/her hall of residence. YES  NO
  
- on all the school excursions YES  NO

## Accommodation

I agree to my son/daughter staying in Solent University YES  NO

Halls of Residence arranged by Summers Abroad.

He/she understands that he/she must follow the 'school rules'. YES  NO

## Curfew times

I agree the following times when my/son daughter must be in their room: **22:30** YES  NO

## Leisure activities

I give permission for my son/daughter to take part in the YES  NO

School leisure activities (as per programme), under supervision:

## Unsupervised time

I give permission for my son/daughter to have free time for shopping on trips  
 arranged by the School. Free time is limited to **2 hours maximum** within a  
**specified area** and always **in groups of two** minimum.

YES  NO

## Medical

Please tell us about any problems. If we are not told in advance about a physical or mental condition, we reserve the right to terminate the student's course.

Does your son/daughter have:

- Asthma or bronchitis YES  NO
- Heart condition YES  NO
- Fits, fainting or blackouts YES  NO
- Severe headaches YES  NO
- Diabetes YES  NO
- Allergies to known medicines YES  NO
- Other allergies e.g. materials, food, plasters YES  NO
- Travel sickness YES  NO

- Bed-wetting/incontinence

YES  NO

- Any mental health problems (including eating disorders,

YES  NO

hyperactivity)?

Is your son/daughter on regular medication?

YES  NO

Does your son/daughter require regular hospital treatment?

YES  NO

Does your son/daughter take any medication which he/she will bring with him/her?

YES  NO

Is there anything else we should know about?

YES  NO

If the answer to any of the questions above is YES, please give details:

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In case of minor pain or illness such as headache, mild cold or sore throat, do you

YES  NO

agree to your son/daughter being given non-prescription medication such as Paracetamol, cough medicine, throat pastilles, antihistamine or travel sickness tablets?

In case of an emergency do you give permission for a responsible person in the

YES  NO

School or in their accommodation to arrange medical treatment.  
Of course, every effort will be made to contact, the child's parents/guardians, as quickly as possible.

## Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact the School directly so that suitable arrangements can be made.

### Photographs and video clips

I understand that Summers Abroad may take photographs or video clips of students during class or leisure activities and that these images may be used in Summers Abroad publicity (Website) or on its social media site (Facebook, YouTube, LinkedIn, Instagram).

I consent for images to be taken.

YES  NO

I consent for images to be used in the Schools publicity.

YES  NO

### Declaration: To Whom It May Concern:

I have read and accept the above Summers Abroad Terms and Conditions.

I agree to release Summers Abroad from any liability resulting from any causes of action for personal injury, disability, medical expenses, property damage or theft, or any other claims that may arise from my child's participation. Summers Abroad staff will take all reasonable precautions to ensure the safety and well-being of all students.

I understand that if my child/ward breaks any of the rules, they may be sent home immediately and at our own cost.

These rules include the following:

1. My child/ward to study with Summers Abroad in the UK.
2. Full attendance at all classes, activities and excursions.
3. Not leaving the school premises unless accompanied by a Summers Abroad staff member.
4. Not using mobile phones in lessons or during activities.
5. No Smoking, stealing, bullying, fighting, disobedience, rudeness and damage to school property.
6. No Consumption of alcohol.
7. No Drug-taking

### Consent

I confirm that the above details are accurate and complete.

I agree to the terms and conditions.

I have discussed the agreed arrangements and rules with my son/daughter.

Signature of the parent/guardian:

I have discussed the agreed arrangements and rules with my parent/guardian.

Signature of the student: