

Belgium Athenée des Pagodes	Germany Pestalozzi Gymnasium	Italy I.T.C.G. P. Calamandrei	Spain C. Nuestra Señora De La Paz	Sweden Blackebergs Gymnasium
Brussels	Herne	Sesto Fiorentino	Torrelavega	Stockholm

Elisa Scarato
St Michael's Catholic Grammar School
Nether Street
North Finchley
London N12 7NJ
Tel : 020 8446 2256



St Michael's Catholic Grammar School
Christ's College, Finchley
The Henrietta Barnett School
Woodhouse College
Saint James
Finchley Catholic High

Fax : 020 8343 9598
Email : office@st-michaels.barnet.sch.uk

VISIT CONSENT FORM AND MEDICAL DETAILS

	First Names	Family Name
Student		
Father		
Mother		
Guardian		

	Home Address	Home Tel. No.	Work Tel. No
Father			
Mother			
Guardian			

Religion of student:

Emergency contact address:

Emergency contact number:

Student's Date of Birth Age yearsmonths

Passport (please insert nationality)Passport

Passport Number Date of Expiry

Place of Issue

MEDICAL DETAILS

All medical information will be treated confidentially.

Please give details of:

- (a) any known allergies, eg to Penicillin or any other antibiotic or anti-tetanus serum
- (b) any major bone fractures, particularly if recent
- (c) any medicines which your son/daughter will be carrying as part of any prescribed, regular medical treatment and what condition they are treating
- (d) any other known medical condition which your son/daughter has which it would be advisable for teachers accompanying him/her, or doctors treating him/her abroad, to know about.

(a)
(b)
(c)
(d)

Date of last Tetanus injection

Blood group (if known)

Details of your son/daughter's General Medical Practitioner:

Name:

Address:

..... Tel. No.

Have you an EHIC Card? Yes / No

N.B. If you have not got such a card please obtain a form from a Post Office and complete it. You must carry this card with you during the visit.

PARENTAL CONSENT

STUDENT'S NAME:

1. I consent to my son/daughter receiving emergency medical treatment that may in the opinion of a qualified medical practitioner prove to be necessary. This may include surgery and/or blood transfusion.
2. While he/she is on this visit in the charge of the teacher appointed by my child's school I appoint these teachers to act individually as my agents in all such matters.
3. I undertake to ensure that my son/daughter is aware of the policy regarding behaviour on this visit and will abide by this policy.
4. I give my consent to him/her spending time unaccompanied by an adult on this trip.

Names of Parent(s)/Guardian(s)

.....

Signature(s)

.....

Date

PARENT'S CONSENT & INDEMNITY

I accept the offer of(school) to take my son/daughter/ward

..... son's/daughter's/ward's full name

to (delete those not applicable):

Belgium in March 20157

Germany in March 2017

Italy in March 2017

Spain in March 2017

Sweden in February 2017

In return I agree to indemnify any member of staff involved against:

1. Any claim made against him/her by a third party directly or indirectly arising out of any act or default of my son/daughter/ward, and
2. any costs and expenses reasonably incurred and/or other sums disbursed by him/her on behalf of my son/daughter/ward during or as a result of the trip, and
3. any loss to him/her arising out of damage to or loss of property or personal injury contributed to or caused by any act or default of my son/daughter/ward.

Provided that the indemnity shall not extend to any claim, damages, costs or expenses insofar as any member of staff shall be entitled to be indemnified under any policy of insurance.

Signed

Date

Name (BLOCK CAPITALS PLEASE)

INTERNATIONAL AWARD

CODE OF CONDUCT

The Code of Conduct should be signed by the student and parent to confirm their agreement with these issues which are set out principally to establish the safety of the group whilst abroad on the exchange.

1. In general behaviour I will be patient when communicating with others, both in trying to understand what is being said and making myself understood.
2. I will be polite and behave appropriately at all times.
3. I should offer to help, as far as possible, in any household chores when staying with my exchange partner.
4. I will make sure I keep my belongings and room tidy when staying with my partner's family.
5. I should not travel anywhere alone, but aim to be accompanied by my exchange partner, his/her family, or by another English student in the exchange.
6. I will always tell the parents of my exchange partner where I am going and arrange an agreed time for returning home.
7. I accept that I am required to follow the British law on the consumption of alcohol and drugs or deliberate exposure to danger. I also agree that, whatever the conditions of the above law on alcohol, no alcohol will be consumed during the journey to the host country. Breaches of this expectation will result in parents having to pay for an immediate return home.
8. In order to maintain everyone's trust and my freedom, I agree to follow these guidelines if I am invited to stay at another exchange partner's house.
 - a. check with my *partner's parents* that this arrangement is convenient;
 - b. check that the *parents of the other partner* are aware of the invitation;
 - c. *above all*, for security reasons, inform the English teachers of these arrangements *in advance* and obtain their agreement.

I agree that I will not stay in any partner's house uninvited.

I agree that any failure to comply with any of the above points will undermine the spirit of the International Award project and could entail my repatriation to UK before the end of the exchange visit.

Signature of Student **Date**

I confirm that I have read the above Code of Conduct and agree with the points made. I accept that staff are not with my son/daughter at all times during the exchange visit.

Finally, in the unlikely event that my son/daughter's behaviour does not comply with the points set out in the Code of Conduct, I agree to make provision to collect him/her from the host country should I be required to do so.

Signature of Parent **Date**.....