

UNDER 18 MEDICAL CONSENT FORM

Student ID Number: _____

Students Name: _____

To be completed by Parent/Guardian of student under 18

Does your son/daughter have any medical conditions or allergies that would affect their study at Nottingham College International? Yes No

Does your son/daughter have any health problem requiring special care? Yes No

If you have answered yes to the above please give details ...

Please provide any details of any medication that your son/daughter takes...

I consent to essential medical information being shared with relevant members of staff in Nottingham College International and with the son/daughter's host (*if applicable*) Yes No

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by any medical authorities present. Yes No

Please note that the students are responsible for the administration of their own medicines

I declare that the information supplied on this form is correct to my knowledge and will inform the International Office at Nottingham College International if any of these circumstances change.

Signature: _____

Date:

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Name: _____

Address: _____

Telephone Number: _____

Email: _____

(This information will be kept and stored as emergency contact details)
(To be accompanied with Activity Consent Form)

UNDER 18 ACTIVITY CONSENT FORM

Student ID Number: _____

Students Name: _____

ACTIVITIES *please tick appropriate box*

To be completed by Parent/Guardian. (* please delete as appropriate)

I ***do/do not** give consent for the above named student to participate in external visit/activities (which may include an overnight stay) planned by The Student Involvement Team or International Office at Nottingham College International. I am aware that for each trip I will be provided with information before any activity and that consent can be withdrawn for any individual trip, by contacting the college in writing. I acknowledge the need for acceptance of the code of conduct and responsible behaviour on their part. I understand that there is some level of risk in any activity but that this will be managed to minimise the risks involved. I understand that as part of any planned transport arrangements, or in emergency, it may be necessary to transport students in staff vehicles.

I ***do/do not** give consent for the above named student to stay away from their Homestay or Residential Accommodation overnight unsupervised for any period of time.

I declare that the information supplied on this form is correct to my knowledge and will inform the International Office at Nottingham College International if any of these circumstances change.

Signature: _____

Date:

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Signature of parent: _____
(To be accompanied with Medical Consent Form)

Contact/Return Details

Please send your completed form to: international@snc.ac.uk

If you have any questions about accommodation, please contact international office on:
+44 115 884 2218 or email us at: international@snc.ac.uk