

Medical and Authorisation for Emergency Medical Treatment Form for students under the age of 18

ALL PARTS of this form must be completed either typed or IN CAPITALS. Please send completed form to your Kaplan representative prior to the student's arrival in the UK. PLEASE answer medical questions IN ENGLISH.

Student Information

Student name _____
Home address _____
Nationality _____

Emergency Contact Information (Please include country and city codes required to place phone calls from the UK to your country)

Name _____
Relationship to student _____
Home phone number _____
Work phone number _____
Mobile phone number _____
Name and address of doctor _____
Allergies _____
Medications currently taken _____
Date of last tetanus jab _____

General Health

Has your son/daughter required treatment for any of the following conditions?

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema/skin condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Psychological problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hay fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hepatitis A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bone or joint disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Migraine/headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ear, nose or throat problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES please give details

Is your son/daughter still receiving treatment? Yes No

IF YES, please give details of treatment

Please give details of any other illness, operations, recent accidents or hospital investigations and any treatment still required

Allergy

Does your son/daughter have any known allergies? Yes No

IF YES, please give details including symptoms experienced and treatment required

Diet

Does your son/daughter require a special diet for medical or religious reasons? Yes No

IF YES, please give details of the diet required

Sport and Activities

Is there any reason why s/he should not take part in all normal school sport and activities? Yes No

IF YES, please give details

Do you give permission for your child to participate in 'adventurous' activities, for example watersports? Yes No

Medication

We cannot be responsible for medicines which are not recognized in the UK and which are not clearly labeled in English. Pupils who take prescribed medication should bring a letter from their doctor IN ENGLISH.

Insurance Information (Please note the following information is obligatory and must be completed)

Insurance company _____

Policy number _____ Phone number _____

Consent

- I give permission for Kaplan International English, its staff and homestay hosts to administer first aid to my son/daughter when necessary.
- I understand that a child aged 16 and 17 (or aged under 16 and of sufficient maturity to understand the nature and implications of the proposed treatment) can give consent to medical treatment.
- I understand that where a medical emergency arises, Kaplan International English will use reasonable endeavours to obtain my consent before any action or medical treatment is administered. However, I understand that where it is not possible to obtain my consent, or where emergency treatment is required, Kaplan International English will act on medical advice and do what it is in the best interest of my child.
- I further consent to information about my child's medical conditions being given to selected members of staff and homestay hosts and any other persons or organizations whom Kaplan International English deems necessary.
- I confirm that the above information is correct and that I will pay any expenses resulting from any such medical treatment.

Parent/guardian signature _____

PRINT name of parent/guardian _____ Date _____

Programme Participation Waiver for students under the age of 18

ALL PARTS of this form must be completed either typed or IN CAPITALS. Please send completed form to your Kaplan representative prior to the student's arrival in the UK. PLEASE answer medical questions IN ENGLISH.

I am the parent/guardian of _____

First Name _____

Last Name _____

I agree to make sure my child understands that (s)he must:

- behave responsibly and maturely during the programme;
- obey his/her school director or principal, tutors, group leader, homestay parents, and/or other Kaplan International English staff at all times;
- obey all United Kingdom laws;
- not consume alcohol at any time; and
- be home by the stated curfew time.

I agree to make my child understand that failure to comply with the above requirements could result in his/her expulsion from the programme without any refund of fees and that liability for repatriation will rest with me.

By signing the form below I confirm that I agree to and understand the following:

- the group leader, school principal or director or any other Kaplan's staff can make emergency decisions for my child while (s)he is on the Kaplan International English programme in the UK;
- a person under the age of 18 is legally a child in the UK;
- I consent to my child participating in off-site and extra-curricular activities arranged by either Kaplan International English or the group leader;
- I have read and understood Kaplan's rules, regulations and terms and conditions as featured in the Kaplan International English brochure;
- my child must have appropriate travel and medical insurance for the duration of the programme;
- I have signed the Authorisation for Medical Treatment form in case my child needs medical care while in the United Kingdom;
- I understand that my child is not permitted to move into alternative accommodation without the approval of Kaplan International English; and
- I understand that Kaplan's liability (and that of its group companies, officers, directors and employees) is excluded to the fullest extent permissible by law.

I understand that failure to abide by Kaplan's terms and conditions and the rules set out above could result in the immediate expulsion of my child from the programme without refund. I, the parent/guardian of the above-mentioned child, have read, understood and agree to be bound by the terms stated in this document.

Parent/guardian signature _____

PRINT name of parent/guardian _____

Emergency contact telephone number (including international dialing code) _____

Date _____

Junior centre

- | | | |
|---|--|--|
| <input type="checkbox"/> Bath Homestay | <input type="checkbox"/> Bournemouth Homestay | <input type="checkbox"/> Bournemouth Residential |
| <input type="checkbox"/> Brighton Residential | <input type="checkbox"/> Isle of Wight Residential | <input type="checkbox"/> London Kent Residential |
| <input type="checkbox"/> Salisbury Homestay | <input type="checkbox"/> Salisbury Residential | <input type="checkbox"/> Torquay Homestay |

From time to time we collect photos, videos or interviews of students at our schools for marketing purposes. If you agree to your child participating in this, please read and sign the consent below:

Student Name: _____

I hereby irrevocably grant to Kaplan, Inc., its affiliates, and others working on its behalf ("the Licensed Parties"), the perpetual, worldwide right to use the name, likeness, voice recording, biographical information, and/or statements (in their entirety, in part and/or paraphrased; together "the Licensed Materials") of the above named student, in any medium, whether now known or hereafter invented, and for any commercial use, including but not limited to use for promotional or advertising purposes. I agree that I do not have to approve any promotional document or concept containing the Licensed Materials. I further agree that the Licensed Parties have no obligation to use the Licensed Materials. I hereby release and discharge the Licensed Parties from any and all claims and demands arising out of or in connection with the exercise of the rights granted in this Release. I warrant that this Consent and Release does not conflict with any other existing commitment on the part of the above named student.

I confirm that I have read and understand this document and am signing it willingly. I am signing on behalf of the above named student who is under 18 years of age.

Signature of Parent/Legal Guardian _____

Address of Parent/Legal Guardian _____

Date _____