



At South Devon Steiner School from
 __/__/____ to __/__/____
 (dd/mm/yyyy)

Parental Consent Form for Visiting Students

This form goes to parents & host families. It asks for information & parental consents.

For Class 8 9 or 10

PART 1 (1 - 7) - to be completed by a parent of the pupil (CAPITALS PLEASE)

- 1 a) Pupil's first name/s: _____ b) Pupil's surname: _____
- 2 a) Does the pupil have any conditions requiring medical treatment? YES / NO
 If YES, please give brief details, including information on any medication being taken.

If YES, do you require the school to administer the medicine? YES / NO
If YES, please attach full details stating what you are asking the school to do.

- b) Is this condition ongoing? YES / NO
 If NO, please state when you expect them to recover:

Please note: If your child takes medication, it is advisable to ask the school to keep a spare.

- 3 Is the pupil allergic to any medication? *(Please give details)* YES / NO

- 4 Does the pupil have any special dietary requirements? *(Please give details)* YES / NO

- 5 When did the pupil last have a tetanus injection?: _____

- 6 Declaration - *Please circle your answer*
- a) I agree to the pupil going on low-risk day trips this school year. YES / NO
- b) I agree to the pupil receiving: emergency dental, medical or surgical treatment, including medication, anaesthetic or blood transfusion, as considered necessary by the medical authorities. *(Please delete as necessary)* YES / NO

Note on medical treatment:- It is now policy in most areas in the UK not to give a *single* tetanus jab, but to offer a *triple* tetanus/diphtheria/polio injection.

- c) I give my consent for the pupil to receive a tetanus/diphtheria/polio injection, as considered necessary by the medical authorities. YES / NO
- d) I agree to the pupil receiving homoeopathic remedies from the school's qualified First Aiders. YES / NO
- e) I agree to the pupil receiving first aid treatment, including the application of plasters, from the school's qualified First Aiders. YES / NO
- f) I agree to the conditions as outlined in the information for overseas students, give permission for my child to attend the School, live with the host family and for the host family to act as guardians to my child during their stay at the school. YES / NO
- g) My child may go in a vehicle driven by staff or selected helpers. YES / NO

7 a) Parent emergency contact information: (If there is only one parent, fill in as applicable)

Mother

Father

Name:

Home

tel:

Work tel:

Mobile

tel:

English
spoken?

YES / NO

YES / NO

b) Home address:

c) Alternative emergency contact (someone to contact if we cannot reach you)

Name:

Relationship to student:

Telephone:

Mobile:

I will inform the school in writing of any changes to my child's requirements or contact details

Signed:

(by a parent or guardian)

Date:

PART 2 (8 - 9) - to be completed by a host family adult

8 Host family adult's name (CAPITALS PLEASE):

9 Parent emergency contact information

a) i) Mobile

ii) Work:

iii) Home:

b) Home address:

c) Alternative emergency contact

Name:

Relationship to host family:

Telephone:

Mobile:

Please return this form to the Overseas Students Coordinator

**Susanna Chapman
South Devon Steiner School
Dartington, Devon, TQ9 6AB, England**

The school advises parents to keep a copy of this form for future reference.