

Parent/guardian and student consent form template

MSC Summer Schools

All students under the age of 18 require consent from a parent or guardian to participate in the MSC Summer School.

|  |  |  |
| --- | --- | --- |
| **Student’s Details** | | |
| page1image2286104800Name |  | |
| Date of birth |  | |
| Home address |  | |
| **Personal Information of Parent/Legal Guardian**  *We need to know your details if we need to contact you* | | |
| page1image2286155120Name |  | |
| page1image2286158448Relationship to student |  | |
| Home address |  | |
| Contact number |  | |
| Email address  page1image2286181424 |  | |
| Alternative emergency  contact | Name: | Contact number: |

**Students and a parent or legal guardian should read the information below. Please tick the appropriate boxes to indicate agreement.**

Travel to the summer school

Please tick **one** box to indicate you agree to the following:

|  |  |  |
| --- | --- | --- |
| The student will travel independently to the summer school. |  |  |
| The student will be collected from a named location arranged by [medical school name] |  |  |

The [MEDICAL SCHOOL NAME] provides insurance for students at the summer school, including activities, excursions and transfers arranged by us. We strongly recommend that students take out a travel insurance policy to cover their personal belongings, travel arrangements and any activities they organise independently.

Activities

Please tick all the boxes that apply in the following:

|  |  |  |
| --- | --- | --- |
| I give consent for the above-named student to participate in the summer school activities. |  |  |

Media

The organisers would like to take photographs / film footage of the summer school which may include the student. We wish to inform you of how and where these may be used before taking and using photographs / film footage of the event.

Any photographs / film footage taken at our events will be stored in the [name of medical school/university] and Medical School Council’s secure digital server.

Photographs and / or film footage may appear in any [name of university] and Medical Schools Council publicity materials on the web, in printed publications or in other forms of official social media (such as YouTube, Facebook and Twitter).

You have the right to request that your photo be removed from the digital server, and any unprinted / unpublished publicity material on the web.

Please tick the box that applies in the following:

|  |  |  |
| --- | --- | --- |
| I give consent for photos and/or film to be taken during the summer schools to be used in future promotional material by the [name of university] and the Medical Schools Council. |  |  |
| I do **not** give consent for photos and/or film to be taken during the summer schools and to be used in future promotional material by the [name of university] and the Medical Schools Council. |  |  |

Medical treatment

It would help us to know of any medical conditions. This information is required to make sure that we are aware of any additional requirements to help us provide the best possible experience. This information will not be kept beyond the summer school.

Please answer all of the questions by circling 'Yes' or 'No'. If you answer yes, please give further details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Has the student any illness or medical condition that may affect their ability to fully participate in the Summer School? | Yes | No | Details: |
| 2 | Will the student be on any medication during the summer school?  Please let us know if this changes before the summer school | Yes | No | Details: |
| 3 | Is the student allergic to anything? If so what?  If the student needs to carry medication for this, please specify | Yes | No | Details: |

Please inform us about a disability or medical condition as early as possible, so that relevant support can be arranged for the student, so they can participate as fully as possible in the summer school.

Please tick the boxes to indicate you agree to the following:

|  |  |  |
| --- | --- | --- |
| I give consent for the above-named student to receive first aid from a trained First Aider and/or for [name of medical school] and its representatives to arrange medical treatment in the event of accident, injury or illness. |  |  |
| I certify that the [name of medical school] has been informed of all medical and behavioural conditions. |  |  |

**The [medical school name] specifies that students must abide by the following during the Summer School:**

1. Students must arrive on time and attend all activities as shown on their timetable.
2. Smoking is not permitted anywhere on the summer school site and in residential accommodation.
3. Any student causing offence or acting in an unacceptable manner may forfeit their place on the summer school.
4. [name of medical school] reserves the right to ask a student to leave because of serious misconduct. All students and staff at the Summer School are expected to show respect to each other at all times. The following behaviour is not acceptable: harassment, bullying, actual threats of violence, damage to personal property and verbal abuse based on racial, sexual or religious differences. The parent or legal guardian will be liable for the cost of the return journey.

Parents/Legal Guardians and students are required to sign this document to indicate that they have read and understand the requirements. This must be completed and returned to us before the start of the Summer School.

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Parent or Guardian) |  | Name (Student) |  |
| Signed |  | Signed |  |
| Date |  | Date |  |

Please complete and return this form as soon as possible to: [CONTACT DETAILS]