

U18 Parental & Medical Consent

(To be completed for all students under 18 at the time of study or Visa application)

General Information

This form must be completed for all students who will be under the age of 18 at the time of their studies or when applying for a Visa.

Important:

- This form must be **fully completed**, signed, and returned **before the course start date**.
 - Both parents/legal guardians must review and sign, unless one parent/guardian has **sole legal responsibility** (proof required).
 - A copy of this form **must be carried by the student with their passport** when travelling to and from the UK.
 - All information provided must be **accurate and kept up to date**. Parents/guardians must inform the school immediately of any changes.
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Instructions for Parents/Guardians

- Complete every section of this form in full.
- Ensure that all emergency contact details are correct and that they are always available.
- Read the school's [Safeguarding Policy](#) and [Information for Parents/Guardians](#) documents before signing.
- Provide accurate information about **travel, accommodation, guardianship, medical needs, and consent**.
- Provide additional written authorisation for any planned trips away from the accommodation.

1. STUDENT DETAILS AND TRAVEL INFORMATION

Student Details	
Student ID	
Full name of Student	
Date of Birth	
Course Name	

Travel Details

Arrival Information					
Arrival Date		Time		Flight Number	
Arrival Airport / Station					
Departure Information					
Departure Date		Time		Flight Number	
Departure Airport / Station					
Additional Information					
Is the student travelling alone? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If NO, name of adult					
Is the school arranging airport transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. CONSENT TO CURFEWS AND TRIPS

Curfew Policy

I understand and agree that my child must respect the school's curfew rules:

- Under 18s are expected to return to their accommodation by 23:00 hrs (11PM)
- I agree to my child following the school's curfew policy and I understand that repeated breaches may lead to disciplinary action or termination of stay.

Trips and Activities

- I give permission for my child to participate in supervised trips and activities organised by the school.
- Under 18s taking short trips or being away at weekends from their accommodation must obtain (have) their parents' consent by signing the Short Trips/Weekends away Form and return it to us at rse@regents.ac.uk.

Regent's School of English reserves the right to assess the risk associated to weekends away and make decisions based on that assessment.

3. PARENT / LEGAL GUARDIAN INFORMATION

Parent / Guardian 1	Parent / Guardian 2
Full Name 1	Full Name 2
Relationship to Student	Relationship to Student
Address	Address
Telephone	Telephone
Email	Email

I am the sole parent/guardian with legal responsibility for the student.

4. UK GUARDIAN INFORMATION (if different from parents)

Full Name	
Relationship to Student	
Address in UK	
Email	

Guardian Declaration of suitability

I, the nominated guardian, confirm the following:

- I am over the age of 18
- I will provide a safe and supportive environment for the student
- I understand and accept full responsibility for the student outside class hours
- I have no criminal convictions and I am not barred from working with children or young people
- I agree to inform the institution of any significant changes in the living arrangements

Signature of Guardian:

Date:

Parental Consent

I, the parent/legal guardian of the student named above, confirm that I have nominated the above individual to act as my child's guardian during their stay in the UK. I take full responsibility for this arrangement and confirm that I consider this individual suitable to care for my child.

Signature of Parent/Legal Guardian:

Date:

5. MEDICAL INFORMATION & CONSENT

Does your child have any medical conditions? Yes No

If yes, please specify:

Does your child have any allergies? Yes No

If yes, please specify:

Is your child taking any medication? Yes No

If yes, please specify:

Medical Treatment Consent

In the event of my child needing medical attention, I agree to them being referred to a qualified doctor and following their advice. This may include hospitalisation, operation in case of emergency, and/or to be given medication.

6. SIGNATURES

I confirm that all the information provided is correct, and I understand the school's policies for under-18 students.

Name of Parent/Guardian 1:

Signature:

Date:

Name of Parent/Guardian 2:

Signature:

Date:

Name of UK Guardian 1:

Signature:

Date: