



Consent to Travel and Medical Consent Declaration

Please attach passport-size photo of student here

To be completed by parents (or guardians) of students under the age of 18.
Please complete a separate form for each student. Thank you.

Name of student		Date of birth	
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I authorise the student named above to travel to and from the UK for the agreed course with Leo Languages.

I authorise Leo languages to arrange, when necessary, for any emergency medical treatment to be administered to the student named above. I agree to pay any hospital, medical or other relevant fees.

I agree that Leo Languages can take photographs of the named student for publicity purposes, but understand that the photos will not be published on social media and that the student will remain anonymous.

I agree that the named student will only be allowed out in the evenings under adult supervision.

I have read, and agree to, the Consent to Travel and Medical Consent terms and conditions.

Parent's name	
Parent's address	
Parent's phone number	
Signed by parent	
Date	

Please let us have the following information concerning the student:

EHIC card number	
Medication Name, quantity, frequency	
Allergies Food, medication, plasters, pets...	

For Leo Languages use only:

Date received	
Group (if applicable)	
Course type and dates	