



Travel and Medical Consent Form

Please complete the form below, save it and email it to <u>alistair@lewis-school.co.uk</u>. Please also print this form, sign it and make sure your child travels with this

Student Details	
Name of Student	
Date of Birth	dd / mm / yyyy
Place of Study	Ringwood Waldorf School, Folly Farm Lane, Ashley, RINGWOOD, Hants, BH24 2NN.

Travel Details	
From/to (airport/station)	From to
Date of Travel	dd / mm / yyyy
Passport Number	

Declaration

I give permission for my son / daughter / ward to travel to the UK to attend a Schools Integration Programme at Ringwood Waldorf School. He / she will be met at the airport by a representative of the school or transport company / by a host family member.

In the event of a medical emergency and if it proves impossible to contact me, I give consent to Ringwood Waldorf School and / or host family to arrange for emergency admission to a local hospital for medical or dental treatment, including the use of anaesthetics.

It is a requirement of the Department of Social Security that we have your written permission to act in loco parentis if emergency treatment is required.

If my child is under 16 years of age and staying for 27 nights or more, I consent to the Local Authority Social Services being informed and will provide information as required by them.

Visits by children under the age of 16 must comply with Social Services Private Fostering Legislation.

If the original homestay host becomes unavailable due to an emergency, we give our consent for Lewis School of English to make a last-minute change to a new homestay host, either on a temporary or permanent basis.

Details of Parent / Guardian		
Name of Parent / Guardian		
Address		
Telephone		
Signature of Parent / Guardian (not required if sending by email)		
Date	dd / mm / yyyy	

IMPORTANT

Please ensure your child travels with this document. They may need to show it at border controls at the airport. Emergency contact: Alistair Walker +44 7801 089301