

PARENTAL CONSENT FORM

To be completed by the parent/guardian for students that are under 18 years old.

STUDENT DETAILS

Title: Mr Ms Mrs Miss

First Name:

Family Name:

Date of Birth:

Nationality:

Mobile Number:

Email Address:

Country of Birth:

Place of Birth:

Passport Number:

Passport Issue Date:

Passport Expiry Date:

Enrolled to study at:

The Language Gallery Hannover, Goethestrasse 18, 30169 Hannover, Germany

The Language Gallery, Berlin 180/182 Potsdamer Straße, Berlin, 10783, Germany

PARENT/GUARDIAN DETAILS

I am the

parent of the above-named student.

legal guardian of the above-named student.

Please note that TLG Hannover/Berlin takes no responsibility for the under age student in terms of guardianship. We only provide the language service.

Contact Details: *Please include details where you can be contacted in emergencies*

Name:

Address:

Email Address:

Telephone Number 1:

Telephone Number 2:

I hereby give consent for the above-named child to travel to Germany without a legal guardian for the purpose of studying at The Language Gallery

Signature:

TRAVEL INFORMATION

Flight Details:	
Arrival:	Departure:
Arrival Date:	Departure Date:
Arrival Time:	Departure Time:
Flight Number:	Flight Number:
Flying From:	Flying To:
Airport and Terminal (<i>if applicable</i>):	Airport and Terminal (<i>if applicable</i>):

Students must purchase airport transfer collection and drop off service through The Language Gallery.

I have received confirmation that The Language Gallery has arranged the airport transfer collection and drop off for my dependant.

I give permission for my child to travel to Germany without accompaniment on the flights detailed above and travel to the accommodation independently

ACCOMMODATION IN GERMANY

Please give the details of the accommodation where the aforementioned student will be studying/staying during their his/her visit in the Germany.

Accommodation provided by the school

Accommodation with parents or guardian in Hannover/Berlin

Please provide address:

Telephone Number:

The emergency numbers are: +49 017 9941 0675 (Hannover/Berlin)

I have noted and saved the emergency number.

My dependant has noted and saved the emergency number.

I understand that in any accommodation arranged by The Language Gallery, the rules laid out in the student handbook and online at <http://www.thelanguagegallery.com/about-us/terms-conditions/#Accommodation> will be strictly applied by the school and/or accommodation provider.

I understand The Language Gallery has no control over or influence on accommodation that has been arranged independently of the school.

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

I hereby give consent for the aforementioned student to participate in activities and excursions organised by or through The Language Gallery.

I hereby give consent for the aforementioned student to participate in activities and excursions organised independently.

I hereby give consent for the aforementioned student to participate in activities and excursions organised by or through The Language Gallery which may involve being away from their accommodation for one or more nights.

I hereby give consent for the aforementioned student to participate in activities and excursions organised independently which may involve being away from their accommodation for one or more nights.

I understand that such activities may involve travelling to cities other than Hannover/Berlin, and countries other than the Germany.

MEDICAL DETAILS

Please provide us with the medical details of the aforementioned student in order to prevent a misinformation and/or a mistreatment. Please note that TLG and its representatives cannot accept any responsibility in this context. The responsibility remains with the parent/guardian/chaperone travelling with the aforementioned student.

Please give details of any regular medication the student takes:

Please give details of any medication the student will be bringing with them:

Please give details of any other medical conditions the student has such as allergies, asthma, etc:

Date the student had their tetanus vaccination:

I hereby give consent for the aforementioned student to receive first aid from a trained First Aider, and/or for The Language Gallery and its representatives to arrange medical treatment in the event of accident, injury or illness.

I hereby give consent that the aforementioned student can be given non-prescription medication for minor illnesses.

In the event that the aforementioned student requires emergency medical treatment at a time or place from which I cannot be contacted, I hereby give consent for the following person to make emergency medical decisions on my behalf.

Please give contact details of the above named person:

I hereby guarantee that I have provided the chaperone travelling with the aforementioned student with the relevant medical information for any medical emergencies.

Name or parent / legal guardian

Signed

Date

Please ensure that your dependant brings a copy of this document with them to Germany.

This document may be requested by immigration officers at border clearance.