



## Registration & Medical Form 2020

PLEASE COMPLETE INFORMATION IN BLOCK CAPITALS

### STUDENT DETAILS

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female

Nationality: \_\_\_\_\_

First Language Spoken: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

### PARENT/GUARDIAN DETAILS

Contact Name 1: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home Tel. No: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home Tel. No: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

*Please provide alternative contact details for use in an emergency whilst the student is in the UK, if different from above. (Comprehensive Personal Travel Insurance cover is included. For a copy of the full policy, please ask for details.)*

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home Tel. No: \_\_\_\_\_

## SELECTED COURSE

English Course (Two Weeks):	Friday 3 <sup>rd</sup> July – Friday 17 <sup>th</sup> July 2020	<input type="checkbox"/>
	Friday 17 <sup>th</sup> July – Friday 31 <sup>st</sup> July 2020	<input type="checkbox"/>
English Course (Three Weeks)	Friday 3 <sup>rd</sup> July – Friday 24 <sup>th</sup> July 2020	<input type="checkbox"/>
English Course (Four Weeks)	Friday 3 <sup>rd</sup> July – Friday 31 <sup>st</sup> July 2020	<input type="checkbox"/>
Tennis Academy (Two Weeks)	Friday 3 <sup>rd</sup> July – Friday 17 <sup>th</sup> July 2020	<input type="checkbox"/>
	Friday 17 <sup>th</sup> July – Friday 31 <sup>st</sup> July 2020	<input type="checkbox"/>
Tennis Academy (Four Weeks)	Friday 3 <sup>rd</sup> July – Friday 31 <sup>st</sup> July 2020	<input type="checkbox"/>
Combined Course (Four Weeks)	Friday 3 <sup>rd</sup> July – Friday 31 <sup>st</sup> July 2020	<input type="checkbox"/>

Your child must only arrive/depart at Stonyhurst on these specified course start and end dates.

**CLOTHING SIZE** (To enable us to provide the correct size of Language School branded t-shirt and hoody)

7/8 years (30" Chest)	<input type="checkbox"/>	Medium Adult (38/40" Chest)	<input type="checkbox"/>
9/11 years (32" Chest)	<input type="checkbox"/>	Large Adult (42/44" Chest)	<input type="checkbox"/>
12/13 years (34" Chest)	<input type="checkbox"/>	XL Adult (46/48" Chest)	<input type="checkbox"/>
Small Adult (34/36" Chest)	<input type="checkbox"/>	XXL Adult (50/52" Chest)	<input type="checkbox"/>

## VISA

Does your child require a short-term study visa?      Yes       No

*If yes, please provide the following information, which we require for the Visa Invitation Letter.*

Passport Number: \_\_\_\_\_

Date of Issue:      /      /

Date of Expiry:      /      /

## PERMISSION

Do you give permission for Stonyhurst Language School to contact you with future Language School news?

Yes       No

## HOW TO MAKE PAYMENT

To make your payment, click or go to <https://www.flywire.com/pay/stonyhurst/>



*Stonyhurst Language School has partnered with Flywire to make your international payments safe and easy. Flywire allows you to pay from almost any country and currency by bank transfer, credit card and other local payment methods.*

*For help with your payment go to <https://www.flywire.com/help> or visit our website <https://languageschool.stonyhurst.ac.uk/fees-dates/how-to-pay/>*

**(Alternatively, if you wish to pay by bank transfer, or telephone to make a credit card payment, please contact the office either by email [summerschool@stonyhurst.ac.uk](mailto:summerschool@stonyhurst.ac.uk) or via telephone +44 (0)1254 827270)**

## Medical Details

Does your child suffer from an illness of chronic condition? Yes  No

If yes, please specify below:

Asthma  Epilepsy  Diabetes  Bronchitis

Other (please specify): \_\_\_\_\_

Does your child require medication for a current illness or condition? Yes  No

If yes, please complete the following section.

**Medication:** Please provide full details of any medication your child is presently taking.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Method of administration: (e.g. oral) \_\_\_\_\_

Side Effects: \_\_\_\_\_

Special Precautions/Emergency Procedure: \_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Method of administration: (e.g. oral) \_\_\_\_\_

Side Effects: \_\_\_\_\_

Special Precautions/Emergency Procedure: \_\_\_\_\_

\_\_\_\_\_

### Doctor's Details

Full Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**IMPORTANT NOTE:** We anticipate that your child will be able to self-medicate under staff supervision. If this is not possible, please inform us immediately. A detailed **CARE PLAN** will be required for children with serious medical conditions (e.g. Diabetes). If there is anything else you feel we need to know about your child's health, please use an additional page. **It is your responsibility to ensure that all medical conditions including physical handicap, emotional difficulty, behavioral problem or special education needs that your child may have are disclosed.**

**Student wears contact lenses/glasses:** Yes  No   
*(If yes, please ensure your child brings a spare pair)*

**Infections:** Please tick if your child has had:  
Chicken Pox  Measles  Rubella  Whooping Cough

**Date of latest vaccinations:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please tick which vaccinations are current:**  
Typhoid  Whooping Cough  Smallpox  Diphtheria  Polio  Tetanus

**Dietary Requirements/Allergies**

My Child has one or more allergies: Yes  No

**Please give details including what your child is allergic to, and their treatment plan:**

My Child has one or more intolerances: Yes  No

**Please give details including what your child has an intolerance to, and their treatment plan:**

**OVER-THE-COUNTER MEDICATION FOR ACUTE ILLNESS**

In the event that your child falls ill with an acute illness (such as headache, cold, travel sickness etc.), either our School Nurse or a nominated member of staff can dispense the appropriate over-the-counter medication from the list provided in the Frequently Asked Questions Document. We would therefore prefer your child NOT TO bring any non-essential medication with them.

In the event your child does bring any medication, our staff will take this in for safekeeping upon their arrival at the College. (This will not include emergency medication such as inhaler, epi-pen etc.) Please label all medicines in English including details of dosage and purpose.

**I hereby give permission that the medications specified can be given to my child, if necessary, by the School Nurse or nominated member of staff, and in case of a medical emergency. I give permission to the physician selected by the school to provide necessary treatment (including surgical operation) for my child.**

**Signature:**

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## TERMS & CONDITIONS

In order that we can accept your child on to the language course, it is necessary that you read and agree to the following conditions:

<input type="checkbox"/>	I understand that my child IS NOT permitted to smoke, drink alcohol, take drugs or engage in sexual activity at any time during the course and may not leave the campus without permission.
<input type="checkbox"/>	I understand that if my child fails to abide by the school's Code of Behaviour and/or commits misconduct, he/she will be sent home at my expense and I agree to paying the Stonyhurst Language School all such travel costs within 14 days of my child's travel.
<input type="checkbox"/>	I consent to any emergency treatment deemed necessary for my child in case of accident or illness.
<input type="checkbox"/>	I agree to abide by the Terms and Conditions of enrolment.
<input type="checkbox"/>	I agree and consent to the participation of my child in all school sports, supervised activities and excursions.

### Declaration

I confirm that all information is accurate and complete and that I have completed this form to the best of my knowledge. I understand that Stonyhurst Language School reserves the right to send home my child if they find I have not provided full and proper medical information. I confirm that the parents and child have both read, understood and accepted the Stonyhurst Language School Terms and Conditions.

I confirm: (please tick)

- I have actioned payment of the deposit totalling GBP £500
- I have attached a copy of my child's passport OR Travel ID card
- I have attached a recent photograph of my child
- I consent to photographs/videos being taken of my child for the use of publicity by means of the school website, brochure and Stonyhurst social media.

***Your child's booking is not confirmed until all items above had been completed and submitted.***

Signature of Parent/Guardian:

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Data Protection

Stonyhurst will not publish any personal details of your child in any publicity, i.e names, address, etc. We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need to know basis during the time when they are enrolled at the Stonyhurst Language School; this may include healthcare and welfare professionals.