

PRE TEEN SAFEGUARDING FORM

PARENTS or GUARDIANS OF ANY CHILD AGED 8 to 12, MUST FILL IN AND THEN E-MAIL US THIS FORM IN ADVANCE OF THE COURSE START (office@loxdale.com)

No student will be given medicine by Loxdale or be allowed to take medicine that they have brought from home unless we have permission from you. If you give your child medicine to take with them to England, please have the ingredients clearly labelled **in English** in case of emergency.

NAME OF STUDENT:

NAME OF PARENT:

Do you speak a little English? Yes ☐ No ☐

Telephone no: +

Student Tel number: +

VACINATIONS

When was your child's last tetanus injection?

Do you know your child's blood type? If so, what is it?

EXISTING HEALTH CONDITIONS:

Please tell us about any problems or issues with your child's health and well-being. If we are not told in advance about a physical or mental health condition, we reserve the right to terminate his/her course.

Does your son/daughter have:	Asthma or bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	A heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Epilepsy, fits, fainting or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Severe headaches or migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Allergies to known medicine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other allergies e.g. materials, food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Travel sickness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Bed-wetting/incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Any history of mental health problems (including eating disorders or hyperactivity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Anything else we need to know? _____

Is your son/daughter on regular medicine? Yes ☐ No ☐ If so, what? _____

MILD MEDICINE

Yes ☐ No ☐

Senior Staff and hosts may need to give mild medicines such as paracetamol, cough medicine, antihistamine or sore throat tablets to children with minor pains or cold symptoms. Do you allow this?

DOCTOR'S MEDICINE

Yes ☐ No ☐

If we take your child to the doctor and he/she recommends a medicine, can we give it to your child?

NAME OF STUDENT:

EMERGENCY HOSPITAL TREATMENT

Yes ☐ No ☐

In an emergency, do you give the Principal, their designated Senior Staff or your child's host permission to sign consent for an emergency operation?

Of course, every effort will be made to contact you as quickly as possible.

PHOTOS

Do you give permission for photos of your child to be used for publicity purposes?

☐ Yes, for social media. ☐ Yes, for the website. ☐ Yes, for brochures. **OR** ☐ No, I do not.

SWIMMING

Do you give your student permission to swim in the sea or a swimming pool on school visits?

☐ The sea **OR** ☐ The swimming pool **OR** ☐ NOT at all

ACTIVITIES

Your child must always remain with the Loxdale staff on activities and trips. They are not allowed to walk off by themselves.

TO AND FROM SCHOOL

Pre-Teen students aged 8 to 11 years, who live with a homestay family, are not allowed to walk to or from home by themselves. 12-year-olds can walk to and from school, if you give permission. They have to walk straight home and are not allowed to the park or shops on the way.

I allow my 12-year-old to walk to and from school by themselves. Yes ☐ No ☐

Would you like us to arrange a daily taxi transfer to take them to and from school? (£70 per week)

Yes ☐ No ☐

Will you be walking your child to and from school?

Yes ☐ No ☐

Students living at the residential centre will be brought to and from school.

NIGHTS AWAY

Sometimes students have family or friends who live in London or another town/city who they may wish to visit for a weekend or for a day trip. **Please note that if you give permission, we will need the full name, address and contact details of the friend or relative IN ADVANCE and they will need to show ID when collecting your child.**

☐ I give my child permission to visit a friend or relative on a day trip. **OR**

☐ I give my child permission to visit a friend or relative **and** stay overnight. **OR**

☐ NO, I do not give my child permission to visit a friend or relative

Emergency phone number:

Signed by the parent

I agree to this and have discussed the School Rules and Terms and Conditions with my son/daughter