

# SAFEGUARDING FORM for 16/17-year-olds joining our adult courses

**Parents or guardians must fill in and e-mail us this form in advance of the course starting (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:**

**Emergency tel. no: +**

## VACINATION

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.

<b>Does your son/daughter have:</b>	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

Do you allow this? Yes ☐ No ☐

Senior Staff and hosts may need to give mild medicines (paracetamol, cough medicine, antihistamine or sore throat tablets) to children with minor pains or cold symptoms.

## 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?

## 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? We will always contact you as quickly as possible.

**NAME OF STUDENT:**

### 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.

### LESSONS

You have chosen for your child to attend adult lessons. This means that your child will be in class with students aged 18 years and above. Please give permission for this..... Yes ☐ No ☐

### VISITING THE CENTRE OF BRIGHTON & HOVE

After class, your son/daughter can stay at school, go to their hosts or go to Brighton & Hove by themselves. For safety reasons, they are not allowed to go to the beach during this period. Students must be back with their hosts for dinner at 1800. Will you allow them to go to town alone? Yes ☐ No ☐

### EVENINGS

Our school has social activities to take part in, some are free, and others have a cost. Your child is expected to sign up and pay for these whilst they are here. Some may not be suitable for children due to UK law and your son/daughter will not be allowed to join them.

Do you allow your child to be on activities with students aged 18 years and above. Yes ☐ No ☐

I allow my child to go out by him/herself in the evenings Yes ☐ No ☐

He/She must be home each evening by: ☐ 2130 **OR** ☐ 2200 **OR** ☐ 2230 **OR** ☐ 2300

### WEEKENDS

If your child chooses to go on a weekend trip, there may not be one of our staff on the trip. He or she will be responsible for arriving on time for the departure and return. Will you allow this? Yes ☐ No ☐

I understand that my child will be unsupervised at weekends. Yes ☐ No ☐

### 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.**

☐ 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:	
<b>Signed by the parent</b> I agree to this and have discussed the School Rules and Terms and Conditions with my son/daughter	