



Student consent form

Surname, Name:			 Please fill in the details and transmit this form within the next two weeks to: IP International Projects 	
				Destination:
Arrival Date: Departure I		Date:		
Mobile number	of the student (for arrival):		-	
Parent or lea	al guardian contact			
1. Legal				
Surname		Name:		
Phone no.:		Mobile no.:		
2. Legal	guardian			
Surname		Name:		
Phone no.:		Mobile no.:		
Emergency contact:		Mobile no.:		
Details about	t the student			
My son / daugh	iter has an allergy:			
□ No	☐ Yes If so, which one?			
Does your daug	ghter / son suffer from any acute or chroi	nical illness?		
□ No	☐ Yes If so, which?			
Does he / she t	ake medication on a regular basis?			
□ No	☐ Yes If so, which and how often?_	☐ Yes If so, which and how often?		
My son / daugh	nter requires special catering (confirmati	ion is necessary)		
□ Vegetarian	☐ Vegan ☐ Gluten free ☐ Lacto	ose free	:	
For all activities outdoor activities	t your child will be supervised by our tear s organised by local partners we will need es as well as for activities which are not p "Rules & Regulations" for information or	d a special consent form part of our programme i.e	i.e. surf course, water sports, e. swimming.	
☐ My son / dau	ughter cannot swim / is not allowed to sw	vim in the sea / swimming	g pool.	
☐ My son / dau	ughter is not allowed to:			
Date:	Signature:			

