MINOR DOCUMENTS

PARENTAL CONSENT AND MEDICAL INFORMATION FORM

Please complete this form if you are the parent (or guardian) of a student aged UNDER 18 (under 19 in Vancouver) who will study at Kaplan International Languages in the UK, Ireland, USA or Canada. Please complete this form in CAPITALS and send it to your Kaplan representative before your child starts their course. Please complete Section 1 and then follow the instructions

SECTION 1 - STUDENT INFORMATION AND BEHAVIOUR

Your name:	Student's nationality:
Your address:	Student's home address:
Your email address:	Student's passport number:
Student's name:	School:
Student ID:	Booking start date:
Student's date of Birth (dd/mm/yyyy):	Booking end date:

I agree to make sure my child understands that they must:
- agree to the Kaplan Code of Conduct and behave responsibly (inside and outside of the school)
- follow the instructions of all Kaplan International staff, homestay parents and group leaders
- obey all United Kingdom/Irish/USA/Canadian laws and stay within the terms of their visa
- not drink alcohol, buy cigarettes, or consume any other illegal substances
- be home by the curfew time every day

Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 1

PLEASE GO TO SECTION 2

SECTION 2 - GENERAL RULES

By signing the form below, I confirm that I agree to and understand the following:
- Kaplan International staff or group leaders can make emergency decisions for my child if necessary.
- A person under the age of 18 is legally a child in the UK/Ireland/USA/Canada (excluding Vancouver where it is 19)
- I have read and understood the Kaplan International rules, regulations and terms and conditions in the Kaplan International brochure.
- My child must have appropriate travel and medical insurance for the duration of the programme.
- My child will not be able to live in private accommodation unless I give consent (please see section 7).
- My child will need to get their own lunch during the course (unless you have paid extra for this) and my child will have enough money to do this.
- I agree to release the Group Leader, host school, accommodation supplier, Kaplan International, or any of their subsidiaries, affiliates, agents agents or employees, from any liability resulting from any causes of action for personal injury, disability, medical expenses, property damage or theft, or any other claims that may arise from the child's participation in the programme, except in the case where any such liability is the result of the negligence of a Kaplan International employee, agent or sub-contractor.
- I understand that Kaplan International's liability (and that of its group companies, officers, directors and employees) is excluded to the fullest extent permissible by law.
- My child's photograph may be taken so that Kaplan International can give them a student ID card. The photo will not be used for any other reason.

Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 2

PLEASE GO TO SECTION 3

SECTION 3 - SOCIAL PROGRAMME

Kaplan International has many different social events and trips for students. This includes visits to museums, cinemas, and parks. We also take students to other cities and for weekend trips.
I agree for my child to go on any trip with Kaplan International staff or a trip organised by Kaplan International with another company.
I understand that all of Kaplan International's rules will still apply on these trips and confirm that my child will follow these rules.
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I understand that all of Kaplan International's rules will still apply on these trips and confirm that my child will follow these rules.

Signature of parent/legal guardian:	Date:

Do you give permission for your child to participate in 'adventurous' activities (for example – water sports)?
☐ Yes
☐ No

THIS IS THE END OF SECTION 3

PLEASE GO TO SECTION 4

SECTION 4 - SUPERVISION

I understand that my child will not be supervised outside of class time (15 or 21 hours per week, Monday to Friday). I understand that my child should not put themselves in any dangerous situations and must act responsibly at all times. If my child feels at risk, they must call the school emergency number.

Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 4

PLEASE GO TO SECTION 5

SECTION 5 - PERMISSION TO TRAVEL

I give permission for my child to travel to the UK, Ireland, USA or Canada on their own to take a language course at Kaplan International. I understand that Kaplan International is not responsible for the care of my child until my child takes up a service delivered by Kaplan International or after that service ends such as a transfer from the airport or arriving/leaving Kaplan accommodation.
My child knows that if there is an emergency or they cannot find a Kaplan representative, they must call the emergency phone.

Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 5

PLEASE GO TO SECTION 6

SECTION 6 - TRANSFERS FROM/TO THE AIRPORT

Have you booked a return airport transfer in the UK/Ireland/USA/Canada with Kaplan International?

IF NO, PLEASE COMPLETE THIS SECTION.
IF YES, PLEASE GO TO SECTION 7.

☐ I do not want my child to have a Kaplan International transfer either from the airport to their accommodation, from their accommodation to the airport or both. (Tick box)
☐ I understand that my child is my responsibility until they arrive at Kaplan International accommodation or their Kaplan International school.

Airport to accommodation transfer

How will they travel to their accommodation?	Contact number of responsible person:
Contact name of responsible person:	Date & time of arrival to centre or accommodation:

Accommodation to airport transfer

How will they travel from their accommodation?	Contact number of responsible person:
Contact name of responsible person:	Date & time of departure from accommodation:
Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 6

PLEASE GO TO SECTION 7

SECTION 7 - TRAVEL TO AND FROM SCHOOL (FOR STUDENTS UNDER THE AGE OF 16)

Is your child 16 or over?

IF YES, PLEASE GO TO SECTION 8.
IF NO, PLEASE COMPLETE THIS SECTION.

I give permission for my child to travel on their own to and from their homestay/residential accommodation.

Signature of parent/legal guardian:	Date:

SECTION 8 - PRIVATE ACCOMMODATION

Have you booked Kaplan International accommodation for your child?

IF YES, PLEASE GO TO SECTION 9 IF YOUR CHILD IS STUDYING IN THE UK OR IRELAND, OR SECTION 10 IF YOUR CHILD IS STUDYING IN THE USA OR CANADA
IF NO, PLEASE COMPLETE THIS SECTION.

I understand that my child cannot live in private accommodation without my permission. I understand that my child needs to be in safe accommodation and that there must be an adult in the house to look after them.
I confirm that the following person will be responsible for my child when staying in private accommodation.

Name of the person your child will live with:	Telephone number:
Address where they will be staying:	
Relationship to the student:	Can they speak English?: ☐ Yes ☐ No

I confirm that –
- I know this person.
- I want them to be responsible for my child's welfare.
- They are a mature and positive role model.
- They will care for my child if they are ill (including on a daily basis).
- They will communicate with Kaplan International if there is an emergency or if Kaplan International is worried about my child's welfare, health, attendance, punctuality, progress, motivation or if there are any changes to my child's study plans.

I consent to my child staying at the above address. I confirm that the person they will stay with will be fully responsible for my child's welfare at all times.
I understand that Kaplan International has no responsibility for accommodation arranged in this way.

They will communicate with Kaplan International if there is an emergency or if Kaplan International is worried about my child's welfare, health, attendance, punctuality, progress, motivation or if there are any changes to my child's study plans.

Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 8

PLEASE GO TO SECTION 11

SECTION 9 - SHARING PREFERENCES

Do you want your child to stay with a friend/relative in Kaplan International accommodation?

IF YES, PLEASE COMPLETE THIS SECTION.
IF NO, PLEASE GO TO SECTION 10.

Please tell us the name of the person you would like your child to share a room with. They must be the same gender as your child.	Age of the other person at the start of the course:

I agree that my child should be allowed to share homestay accommodation with the person named above. I understand that they must be of the same gender as my child. I understand that if my child is 16 or 17, they can live with students who are over the age of 18 but if my child is under 16, they can only share accommodation with other students who are under the age of 18. I understand that I take full responsibility for this arrangement.
Please note that Kaplan International cannot guarantee that your child will be able to share accommodation with the person named above.

Signature of parent/legal guardian:	Date:

THIS IS THE END OF SECTION 9

PLEASE GO TO SECTION 10

SECTION 10 - VISITORS/OVERNIGHT STAYS

I understand that if anyone is going to visit my child or take them out of Kaplan International accommodation, I must write to the school to tell them that I give my permission each time my child will be visited or removed from accommodation. I will also tell the school the name of the visitor.

I understand that if the visitor will take my child out of Kaplan International accommodation, they must be aged 18 or over (19 in Vancouver) and must stay with my child while they are not in Kaplan International accommodation. I understand that they will be responsible for proving meals and taking my child back to Kaplan International accommodation and that there will be no refund for any lessons or activities that my child has missed.

I understand that my child is not permitted to stay away from their Kaplan accommodation overnight unless accompanied by a Kaplan member of staff, a group leader, or a responsible adult appointed by me and with my consent.

Signature of parent/legal guardian:	Date

THIS IS THE END OF SECTION 10

PLEASE GO TO SECTION 11

SECTION 11 - MARKETING MATERIAL

We sometimes collect videos, photographs, or interviews of our students for marketing purposes (such as our brochure or website). Our students often want to take part in these kinds of activities.

Are you happy for your child to participate in this?

IF YES, PLEASE COMPLETE THIS SECTION.
IF NO, PLEASE GO TO SECTION 12.

I hereby irrevocably grant to Kaplan, Inc., its affiliates, and others working on its behalf ("the Licensed Parties"), the perpetual, worldwide right to use the name, likeness, voice recording, biographical information, and/or statements (in their entirety, in part and/or paraphrased; together "the Licensed Materials") of the above named student, in any medium, whether now known or hereafter invented, and for any commercial use, including but not limited to use for promotional or advertising purposes. I agree that I do not have to approve any promotional document or concept containing the Licensed Materials. I further agree that the Licensed Parties have no obligation to use the Licensed Materials. I hereby release and discharge the Licensed Parties from any and all claims and demands arising out of or in connection with the exercise of the rights granted in this Release. I warrant that this Consent and Release does not conflict with any other existing commitment on the part of the above-named student. I confirm that I have read and understand this document and am signing it willingly. I am signing on behalf of the above-named student who is under 18 years of age.

Signature of parent/legal guardian:	Date

SECTION 12 - NOTICE OF COLLECTION OF PERSONAL INFORMATION AND CONSENT

Is your child studying in Toronto?

IF YES, PLEASE COMPLETE THIS SECTION.
IF NO, PLEASE GO TO SECTION 13.

Notice of Collection of Personal Information and Consent (Ontario Ministry of Advanced Education and Skills Development) International students seeking a study permit to attend a postsecondary learning institution in Ontario must attend a postsecondary institution designated by Ontario for the purposes of the Immigration and Refugee Protection Regulations (Canada). This is often referred to as the International Student Program ("ISP"). Under the ISP, private postsecondary institutions are designated by Ontario on an annual basis. As a result, private postsecondary institutions that wish to remain designated apply for designation annually. At the time that you are asked to read and sign this document, you are (1) applying to be enrolled in an institution that is applying for designation for the first time, (2) applying to be enrolled in a designated institution, or (3) enrolled in a designated institution. If you are enrolled in an institution that is currently designated, the institution may be applying for further designation annually. When reviewing an institution's application for designation under the ISP, Ontario's Ministry of Advanced Education and Skills Development (the "Ministry") conducts a site assessment to verify the information in the institution's application with respect to its educational policies and procedures. The Ministry may also monitor institutions that are designated to determine whether those institutions are complying with the terms and conditions of designation.

As part of the site assessment and the Ministry's ongoing monitoring of designated institutions, the Ministry reviews a representative sample of student and prospective student records, such as student and prospective student contracts, registration forms, records of enrollment, documents pertaining to academic assessment and progress, and other documents contained in the student or prospective student file. The Ministry also may need to make copies of student and prospective student records in order to complete its review of the institution's (1) application for designation or (2) ongoing compliance with the terms and conditions of designation. Your consent is requested to allow the Ministry to access the personal information you have provided to the institution that may be contained in your student records. Without your consent, the Ministry cannot access your records as may be required in order to assess the institution's application for designation or ongoing compliance with designation conditions.

The Ministry collects and uses this information under the authority of ss. 38(2) and 39(1)(a) of the *Freedom of Information and Protection of Privacy Act* and the *Immigration and Refugee Protection Act* (Canada) and its Regulations. Questions about the collection, use and disclosure of this information may be addressed to:

Manager, Operations and Projects Unit
Private Career Colleges Branch
Ministry of Advanced Education and Skills Development
77 Wellesley Street West, P.O. Box 977
Toronto, Ontario M7A 1N3
416-314-0500 or ISP@ontario.ca

CONSENT By signing below, I hereby consent to: (check boxes that apply): ☐ the Ministry's collection of my personal information from the institution at which I am enrolled or applying to be enrolled for the purposes of assessing the institution 's current and future applications for designation under the International Student Program. ☐ the Ministry's collection of my personal information from the institution at which I am enrolled or applying to be enrolled for the purposes of assessing the institution's ongoing compliance with the terms and conditions of designation, if it is designated by Ontario.	Name Keiko Sekine Signature / Date For students under 16 years of age, the parent or guardian must also sign: Name of Parent/Guardian: Signature of parent guardian / Date

SECTION 13 - EMERGENCY CONTACT AND MEDICAL INFORMATION

Emergency Contact Information

Who should we contact if there is an emergency?

Name:	Home phone number (including country and city code):
Relationship to student:	Work phone number (including country and city code):
Do they speak English?	Mobile phone number (including country and city code):
	Name and address of doctor:

General Health

Does your child currently take any medication?	When was their last tetanus vaccination?
What is the name of the medication?	**ALLERGY** Does your child have any known allergies? ☐ Yes ☐ No If YES, please specify which allergy it is and describe:
When do they take it?	
What is the health condition that they take the medication for?	**DIET** Does your child require a special diet for medical or religious reasons? ☐ Yes ☐ No If YES, please give details of the diet required below: (Please not that a Special Diet Fee may apply if booking Kaplan accommodation with meals)
Does your child have any other medical condition that you would like us to know about?	**SPORT AND ACTIVITIES** Is there any reason why your child should not take part in all normal school sport and activities ☐ Yes ☐ No If YES, please give details:

MEDICATION

If your child is bringing any medicine with them, this must be clearly labelled in English. They should also have a letter from their doctor in English. Kaplan International cannot take responsibility for medicines which are not recognised in the UK, Ireland, USA or Canada

INSURANCE INFORMATION (This does not apply in USA/Canada)
Students with a short-term study visa 11 months will not require additional medical insurance as the Immigration Health Charge (IHS) will be applied to the visa application.

Insurance company:	Policy number:
Phone number:	

I give permission for Kaplan International staff and homestay hosts to give first aid to my child when necessary. I understand that if there is an emergency, Kaplan International will try to contact me before any medical treatment is given to my child. I understand that if Kaplan International cannot contact me or, if there is no time to contact me, Kaplan International will follow the advice of the medical staff caring for my child.

I agree that my child is mature enough to understand and give consent for medical treatment.

I give permission for Kaplan International staff or homestay parents to give my child over the counter medicine if necessary.

I consent to Kaplan International giving my child's medical information to staff, homestay hosts and any other people or organisations which need it.

I understand that if my child needs medical care that is not paid for by my child's insurance, I will have to pay for the medical care.

Signature of parent/legal guardian:	Date

THIS IS THE END OF THE FORM.
PLEASE SEND THIS FORM TO YOUR KAPLAN REPRESENTATIVE.
THANK YOU!