

Parental Consent Form



(Only applicable for students on the junior programme)

Please complete and return to enquiries@maltalingua.com

Contact details	
Parent / Guardian name	
Contact email	
Home phone number	(+)
Mobile phone number (parents)	(+)

Student details	
Student name	
Date of birth (DD/MM/YYYY)	
Mobile phone number (student)	(+)
Arrival (DD/MM/YYYY)	
Departure (DD/MM/YYYY)	

Parental consent

I hereby give my consent to my child (named above) to

Travel to the island of Malta on his or her own and participate in a language journey with Maltalingua School of English	YES	NO
Participate in age appropriate activities where photos will be taken to be used in Maltalingua School of English's promotional material.	YES	NO
Partake in motor powered activities such as water skiing, jet skiing, banana boat rides and crazy sofa rides. I agree that Maltalingua may not be held liable for accident or injury as a result of my child partaking in such activities.	YES	NO

FOR MINORS AGED 16 AND 17 ONLY Opt out of specific optional school activities <i>(subject to Maltalingua staff)</i>	YES	NO
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FOR MINORS AGED 16 AND 17 ONLY Opt out of recommended curfew times <i>(By opting out of the recommended curfew times, parents understand that their child's curfew will be extended by one hour Fridays and Saturdays. The enforcement is subject to Maltalingua staff and the host family should the child stay with a homestay)</i>	YES	NO
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I hereby give my consent to Maltalingua to take my child (named above) to Mater Dei Hospital in the event of any acute medical and/or surgical emergency. I authorise the medical staff to examine and assess him/her when accompanied by Maltalingua staff and to consent for any blood tests, x-ray, ultrasound, CT scan, MRI, anaesthetic, surgical intervention, blood transfusion, treatment and any other necessary care. <i>(In the event of any such medical emergency, Maltalingua staff will contact you immediately using the contact details provided above)</i>	YES	NO
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Thank you for the information provided. It will help us with the welfare of your child

Name: _____

Signed: _____

Date: _____