



PARENTAL WAIVER FORM FOR UNDERAGE IMMERSION STUDENTS

I, the undersigned (NAME and FIRST NAME of the legal representative) :

Residing at (full address) :

Legal representative of the minor child (NAME and FIRST NAME of the child):

Born on (date and place of birth) : _____

and having full parental authority over this child, authorizes the latter to (specify the nature of the authorization: stay at accompanied by).

I agree that my child, [Name of minor], may participate fully in the activities planned during the immersion stay, including, but not limited to, visits, field trips and activities organized by [Name of partner teacher].

I agree to provide **S.L.Immersion** with any medical, allergic or other relevant information concerning my child. I hereby release the teacher from any responsibility during the stay.

This authorization is valid for 2 months from the beginning of the stay .

Done at (city), on __ / __ / 20 __

Signature

To be completed by parent or guardian

MEDICAL INFORMATION FOR STUDENTS UNDER 18

SASU S.L.Immersion, capital social 8500€, située au 35 impasse des mûriers 84450 Saint Saturnin lès Avignon, RCS 21824797211, immatriculée Atout France n°IM084230002. Garant APST, 15 rue Carnot 75017 Paris et assureur Hiscox SA - Assureur Hiscox France, 38 Avenue de l'Opéra - 75002 Paris





Child's full name :

Age (during stay) :

Cell phone number :

MEDICATION AND MEDICAL ASSISTANCE

Does your child have any existing medical conditions that S.L.Immersion should be aware of in order to care for your child?

If yes, please provide details:

Will your child be taking any medication during the stay with S.L.Immersion?

If yes, please provide details:

Note : It is the policy of **S.L.Immersion** that young learners should be able to manage their own medication. **S.L.Immersion** teachers are not authorized to administer any medication brought by students, except by prior written agreement with **S.L.Immersion** or by medical prescription during the stay.

I authorize my child to receive **emergency** medical care:

Yes

No

If yes, please indicate any medication your child should not receive

Can your child participate safely in all sports?

Yes

No

EMERGENCY CONTACT

In the event of a medical emergency with your child, who should we contact?

Name :

Telephone :

Relationship to student :

Does this person speak **English** or **French** ?



DIETARY REQUIREMENTS / ALLERGIES

Does your child have a medical condition that affects his or her diet?

If yes, please provide details:

Is your child on a special diet?

Does your child have any food or other allergies?

If so, please give details:

LEARNING DIFFICULTIES

Does your child have any learning difficulties (e.g. dyslexia, misophonia)?

If yes, please give details :

ADDITIONAL INFORMATION

Is there anything else we should know?

IMAGE RIGHTS

I authorize S.L.Immersion to use any still and/or moving images (video images, photographs and/or audio recordings) representing my child for purposes such as advertising, marketing or any other use for training, educational or public relations purposes.

- Yes
- No

Done at (city), on __ / __ / 20 __

Signature

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