

Parental agreement

As Parent or Legal Guardian you are required to complete and sign the following agreement. This agreement has been made to allow clarity of supervision and conduct during the enrolment and participation on a course with STS. The below information will allow us to provide better supervision during the course. We do of course treat this information as confidential.

Course town and date: _____

Participant/student name: _____

Home address: _____

I (Name of Parent or Legal Guardian) _____

Hereby authorize STS Student travel schools (referred to below as STS) to seek correct medical assistance and permit correct licensed medical personnel to administer first aid-treatment, if treatment is necessary. I give my authorisation for a physician, emergency medical technician, hospital or other medical facility as they feel necessary including any procedures, operations, or administration of anaesthesia.

Emergency contact information

Name: _____

Home Phone: _____

Work Phone: _____

Relationship to participant (parent or legal guardian) _____

Name of family doctor or doctors surgery: _____

Phone to family doctor or doctors surgery: _____

Allergies: _____

Current illness: _____

Medications currently being taken: _____

Personal travel Insurance provider: _____

Insurance provider policy number (Non STS insurance) _____

Insurance provider phone number (Non STS insurance) _____

I confirm that STS has been informed of any illnesses (physical or psychological). STS agrees to accept students with medical conditions such as nut allergies, diabetic, gluten, lactose etc but only if they can be confirmed prior to departure. STS accept that they will provide appropriate support for any physical conditions but cannot act as physicians or medical staff in the event of any incurred emergency due to medical conditions. If any serious medical conditions are not confirmed prior to participation STS reserves the right to remove the student from the course immediately with no refund provided for non participation.

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As parent or legal guardian I agree to make sure my son or daughter understands the following:

- To behave reasonably and maturely during the program.
- Obey his or her school director, group leader, chaperone, host family parents, instructors and/or other program supervisors at all times.
- To obey all local laws applicable within the country of course participation.
- Not to buy or drink alcoholic beverages or drugs whilst participating on an STS course. Students who break this rule will immediately be sent home at their own expense and will not be entitled to a refund for the remainder of the course.
- Any student that is caught shoplifting will immediately be sent home at their own expense and will be liable to pay for any potential legal fees. They will not be entitled to a refund for the remainder of the course.
- Hitch-hiking is strictly forbidden in our course towns and students who are caught hitch-hiking will be sent home at their own expense.

I understand that failure to abide by the regulations above will result in immediate expulsion of my child from the program. By signing the form below, I agree to the following:

- The Group Leader or School Director can make emergency decisions for my child while he or she is participating on an STS course.
- I agree to release the group leader, host school, STS or any of their parent companies, subsidiaries, affiliates, agents, or employees, from any liability resulting from any causes of action for personal injury, disability, medical expenses, property damage, theft or any other claims that may arise from my child's participation.
- In the event of a medical emergency during student's program, I authorize a licensed hospital, physician or medical personnel to initiate treatment for my child.
- I authorize the release of medical information for diagnostic and insurance purposes and for follow-up treatment in my home country.
- I agree that I am responsible for obtaining all relevant visas and immigration documentation prior to participation.
- I have read the STS ABC Handbook and have signed to confirm which activities my child is permitted to participate on.
- I agree that the above information is correct and that I am the responsible party for all expenses incurred, and on behalf of my child I accept the risks associated with said medical care.

I, the parent or guardian, have read this document and understand and agree to its contents:

Signed _____

Print Name of Parent or Guardian _____

Date _____

Please make sure that you return this agreement signed in the enclosed envelope no later than 4 weeks before departure. STS reserves the right to not accept any participant that has not signed and returned the agreement prior to enrolment.