



PARENTAL PERMISSION FORM
French Immersion Program

I.....of.....give permission for my daughter / son to take part in the French Immersion Course at Maison de Ste Claire, Upper Crystal Creek, New South Wales from the to the of, 201.....

I understand that my daughter / son will be at various times throughout the stay be involved in various activities at Maison de Ste Claire and undertaking excursions in the Tweed Valley under the care of the teachers at Maison de Ste Claire.

I understand that my daughter / son will be not permitted to smoke tobacco during the stay.

I agree that Maison de Ste Claire is not liable for loss or damage to any property suffered by my daughter / son in the course of the stay whether of or in relation to cash, credit card or other property, or for any consequential losses, whatever the cause.

I agree that in the event of misconduct or lack of co-operation on the part of my daughter / son, she / he may be required to leave Maison de Ste Claire before the Residential French Immersion Course concludes, in which case I will be contacted and my daughter / son will be picked up by me or send home, which all expenses flowing directly or indirectly from such leaving of the stay before it concludes, to be borne by me.

I declare that I know of no medical or other reason why my daughter / son is not fit to take part in the stay and that I have notified the school of all information concerning my daughter's health relevant and necessary to safeguarding her well-being during the stay. (This includes any chronic condition, disability, allergies, particular susceptibilities, special food requirements and medications to be taken). If there is any such condition not yet notified, set it out here:

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I acknowledge that emergency treatment may be obtained for my daughter / son in terms of the Conditions of Enrolment and Admission (see below). I allow / do not allow any photos of my child to be used on the website and or promotional brochures for Maison de Ste. Claire.

During the period of the stay, I may be contacted at
If I cannot be contacted, please contact at

Signed:
Name:
Date:

CONSENT FOR EMERGENCY TREATMENT, DAY EXCURSIONS AND OTHER MATTER

Parents must ensure that Maison de Ste Claire is advised prior to admission in writing, of any disabilities, allergic reactions or medical condition affecting your child, and an emergency contact name and telephone number. Any such disabilities, reactions or conditions which become known after that earlier advice, or any change to them or to the emergency contact name and/or telephone number must be notified immediately in writing to Maison de Ste Claire. In the event of accident or sudden illness where your child is at Maison de Ste Claire, we will endeavour to contact parents as soon as possible but without impeding in taking action as set out below. If judged necessary, and whether or not contact has been made, and without thereby subjecting Maison de Ste Claire to liability in consequence of any such decision, your child may be taken for emergency treatment to a hospital or doctor or may be given first aid. It is a condition of enrolment that parental consent is given for any necessary medical treatment, surgical treatment and/or first aid in such circumstances and consent is given by virtue of enrolment and/or admission. When contact is made with the parents, arrangements may be made for the parents to take over and direct their child's medical care accordingly, whereupon we will cease to be involved in that care. The parents will meet any expenses incurred in connection with such treatment. This section does not of itself impose any liability or obligation on Maison de Ste Claire.