

PARENT/GUARDIAN CONSENT FORM

To be completed for applicants who will be under the age of 18 on commencement of their course

SECTION A (To be completed by the parent(s)/guardian(s) of the applicant):

Full Name of Applicant:

Date of Birth:

UCAS Personal ID Number:

Course:

SECTION B: DECLARATION

If the above named Applicant takes up a place at the University of Huddersfield, as their parent/guardian I confirm that I understand and agree to the following statements:

- I confirm that I have read and understood the '*Arrangements for the Admission of Applicants under the Age of 18 years*'
- I understand and accept that the University of Huddersfield does not accept any parental responsibility in relation to students, including those under the age of 18.
- I confirm that I remain legally responsible for my son/daughter/ward and their supervision and welfare until they reach their 18th birthday.
- I understand and accept that the University of Huddersfield is an adult environment, that students have free choice about how they spend their free time and that my son/daughter/ward will generally be treated as an adult.
- I consent to the activities that my son/daughter/ward will be undertaking (such as field trips, visits and other periods of study away from the University) if they are a necessary part of their studies.
- I agree to accept liability for my son/daughter/ward's debts to the University of Huddersfield.
- I understand and accept that in the UK, patients who are 16 or above are able to give consent to most medical and dental treatment without the knowledge or consent of their parent/guardian. As such, parental consent to treatment may not be required. Where a person under the age of 18 refuses treatment or cannot consent to treatment, there may be cases where a parent or person with parental responsibility may be asked to consent to treatment on that person's behalf and the University will try to contact the designated contacts named in Section C below for such purposes. In the unlikely event that the University is unable to contact either of the Applicant's designated emergency contacts the University may authorise medical treatment, acting on medical advice and in the best interests of the Applicant.
- I understand and accept that while studying at the University of Huddersfield my son/daughter/ward will be subject to the laws of England and Wales and to the rules and regulations of the University.
- I understand and accept that, under the requirements of the Data Protection Act 1998, the University of Huddersfield cannot release information relating to my son/daughter/ward (academic or personal), without my son/daughter/ward giving the University express consent for this, regardless of their age.

Full Name and Address of Signatory:

Relationship to Applicant:

Signed:

Date:

SECTION C: EMERGENCY CONTACT/HEALTH

In the event of an emergency involving your son/daughter/ward after they enrol at the University and before they reach the age of 18, please provide one or more emergency contact details below. One contact should be the parent or guardian:

Contact 1:

Name:

Address:

E-mail address:

Telephone:

Mobile phone:

Contact 2:

Name:

Address:

E-mail address:

Telephone:

Mobile phone:

Full Name of Signatory:

Relationship to Applicant:

Signed:

Date:

The personal information you provide on this form will be used by relevant members of University staff to administer the requirements of the arrangements for students under 18. Your information, and that of your son/daughter/ward, will be kept securely within the University, accessed only by those with a right to see it, and processed in accordance with the University's Data Protection Policy. You have a right to ask for a copy of your information at any time by contacting the University Secretary.