

PARENTAL CONSENT FORMS [家长同意书]

| | | | |
|--|---|--------------------------|--|
| Name of student: [学生姓名] : | | | |
| Date of birth: [出生日期] : | | Nationality: [国籍] : | |
| Gender: [性别] : | Male/female [男/女] | First Language [母语] : | |
| Dates of stay: [逗留日期] : | | | |
| Location and contact information: [地址和联系信息] : | Broadstairs English Centre, 2-4 St. Peter's Park Road, Broadstairs, Kent, UK, CT10 2BL. +44 (0)1843 601536 +44 (0)7983 256407 (24 小时紧急联系电话) | | |

Completion of these forms is required by the School (Broadstairs English Centre) to maintain the health and safety of all students at the school. Parental (or Guardian) consent/acknowledgement must be given for EACH SEPARATE FORM by signing at the points indicated. If, for any reason, you do not wish to give consent/acknowledgement for any form, please contact your agent or the School to discuss the issue(s) and any impact there may be on your son/daughter's stay. The School reserve the right to cancel or refuse any booking where they feel that they cannot guarantee the health and safety of any student under normal operating circumstances.

为了保障所有在校学生的健康与安全，学校（Broadstairs English Centre）要求填写下列表格。家长（或监护人）必须在每张表格中的指定位置签名表示同意/确认。若您出于任何原因不愿意对某张表格表示同意/确认，请与您的中介或学校联系，以便就您孩子在逗留期间可能发生的问题及其影响进行讨论。若学校认为在正常运营环境中无法保证某位学生的健康和安全，则有权取消或拒绝相应的报名。

FORM 1: PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

表格 1：家长/监护人紧急联系信息

| | |
|-------------------------------|--|
| Surname(s): [姓] : | |
| Forename(s): [名] : | |
| Address: [地址] : | |
| Home telephone: [家庭电话] : | |
| Work telephone: [单位电话] : | |
| Mobile telephone: [手机号码] : | |

| | | |
|---|---|--|
| <p>Your relationship to the student? Please tick (✓) one box. [您与该学生的关系？请勾选(✓)其中一个方框。]</p> | <p>1.Parent[家长] 2.Guardian[监护人]</p> | <p><input type="checkbox"/> <input type="checkbox"/></p> |
| <p>Which of these statements best describes your level of spoken English? Please tick (✓) one box. [哪一项描述最符合您的英语口语水平？请勾选(✓)其中一个方框。]</p> | <p>1. I feel comfortable talking with native speakers in English 能与母语是英语的人自如交谈。 2. I have enough English to understand general conversation and to make myself understood 足以听懂别人的一般性交谈以及让别人听懂我。 3. I do not feel comfortable talking with native speakers in English but can understand basic English 与母语是英语的人交流有困难，但能理解基础英语。 4. I don't speak or understand English 我不会说英语，也听不懂英语。</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>In the event that you cannot be contacted, please provide the name and a contact number for an alternative person to contact in an emergency: 请提供其他紧急联系人的姓名和电话号码，以便在无法联系到您的时候使用：</p> | | |

FORM 2: ACKNOWLEDGEMENT OF ACCEPTANCE OF SCHOOL RULES

表格 2：确认遵守学校规章制度

I acknowledge that I have received, read and understood the *Broadstairs English Centre Student Guide and Workbook 2018* and agree for my child (as named on page 1 of this document) to be bound by the rules of the Broadstairs English Centre for the duration of their stay as set out in this guide.

本人兹确认，我已收到、阅读并知晓《2018 年 Broadstairs English Centre 学生指南与工作手册》。我同意我的孩子（姓名填写于本文件第 1 页）在逗留期间应遵守该指南中列明的 Broadstairs English Centre 规章制度。

| | |
|-----------------------|--|
| <p>Signed 签名：</p> | |
| <p>Date 日期：</p> | |

FORM 3: MEDICAL CONSENT

表格 3 : 医疗同意书

I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present. (I may be contacted using the information included on Form 1 above.)

我同意, 若在场医疗机构认为有必要, 可为我的孩子进行内科、外科或牙科治疗, 包括全身麻醉及输血。(可以使用《表格 1》中提供的信息与我联系。)

| | |
|-----------------|--|
| Signed: 签名 : | |
| Date: 日期 : | |

FORM 4: MEDICAL INFORMATION

表格 4 : 医疗信息

| Does your child suffer from any of the following conditions? Please tick (✓) one box per condition. 您的孩子是否患有以下疾病? 对于每种疾病, 请勾选 (✓) 其中一个方框。 | Yes 是 | No 否 |
|--|--------------------------|--------------------------|
| Asthma 哮喘 | <input type="checkbox"/> | <input type="checkbox"/> |
| Bronchitis 支气管炎 | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest problems 胸部疾病 | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes ¹ 糖尿病 ² | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy 癫痫 | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting 昏厥 | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart condition 心脏疾病 | <input type="checkbox"/> | <input type="checkbox"/> |
| Migraine/severe headaches 偏头痛/严重头痛 | <input type="checkbox"/> | <input type="checkbox"/> |
| Raised blood pressure 高血压 | <input type="checkbox"/> | <input type="checkbox"/> |
| Bed-wetting/incontinence 遗尿/失禁 | <input type="checkbox"/> | <input type="checkbox"/> |

¹ Please note: I agree that my child, if diabetic, will bring a safe storage container for any used needles so that these may be disposed of appropriately on their return as these cannot be disposed of in the UK.

² 请注意: 我同意, 若我的孩子患有糖尿病, 他/她将携带安全容器, 用于存放用过的针头以便回国后妥善处理, 因为在英国无法处理。

If YES to any of the above, please give details:

若有以上病症，请提供详细信息：

| | | |
|--|-----------------|----------------|
| | Yes 是 | No 否 |
|--|-----------------|----------------|

Does your child suffer from any other condition requiring medical treatment, including medication? Please tick (✓) one box.

您孩子是否患有其他需要治疗（包括服药）的疾病？请勾选 (✓) 其中一个方框。

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If YES, please give details:

如果是，请提供详细信息：

Does your child have any allergies or intolerances (including special dietary requirements)? Please tick (✓) one box.

您的孩子是否有过敏或不耐受症状（包括特殊饮食要求）？请勾选 (✓) 其中一个方框。

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If YES, please give details:

如果是，请提供详细信息：

Is your child taking any form of medication on a regular basis? Please tick (✓) one box.

您的孩子是否定期服用任何药物？请勾选 (✓) 其中一个方框。

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If YES, please give full details, indicating the type of medication and dosage:

如果是，请提供完整的详细信息，包括药物种类和剂量：

Does your child have any physical or mental special needs? Please tick (✓) one box.

您的孩子是否有身体或精神方面的特殊需求？请勾选 (✓) 其中一个方框。

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If YES, please give details:

如果是，请提供详细信息：

FORM 5: ACTIVITIES/OUT OF SCHOOL CONSENT

表格 5 : 活动/离校同意书

I understand and agree that my child may be expected to walk between the school and the homestay house. This includes walking home at the end of the evening activity at 10.00pm. All homestay houses are within twenty minutes' walking distance of the School.

我了解并同意，我的孩子可能需要步行往返于学校和寄宿家庭。这包括在晚间活动于晚上 10 点结束后步行回家。所有寄宿家庭距离学校的步行时间均不超过 20 分钟。

No student, irrespective of age, will be allowed to go out in the evenings except to go to their evening activities.

无论年龄多大，除非参加夜间活动，所有学生均不允许夜间外出。

No student, irrespective of age, will be allowed to stay out later than the stated curfew time, even if written permission is obtained from parents.

无论年龄多大，所有学生均不允许在规定的熄灯时间之后在外逗留，即使有家长的书面许可也不行。

I understand and agree that my child will participate in the activity programme that has been agreed with the School. (The School reserves the right to change the activity programme at its own discretion.) I accept that there is an inherent risk of injury in participation in some physical activities. Risk can be reduced to acceptable levels by implementing appropriate risk assessments. Copies of written risk assessments are available on request from the School.

我了解并同意，我的孩子将参加已与学校商定的活动课程。（学校有权自行更改活动课程。）我承认某些体育活动有内在的受伤风险。通过开展恰当的风险评估，风险可降低至可接受的水平。如有需要，可向学校索取书面风险评估文本。

I consent for my child to be allowed free-time in London, Canterbury, Margate, Broadstairs, Ramsgate (and/or any other location included in the activity programme) within certain time constraints set by the School and agreed with the group leaders. Free-time is only an option in the afternoons on trips and never an option in the evenings/at night.

我同意，经小组负责人同意，在学校规定的时间范围内，我的孩子可以在伦敦、马尔盖特、布罗德斯泰、拉姆盖特（及/或活动课程中包含的其他任何地点）自由活动。外出自由活动时间仅限于下午，晚上/夜间不得外出。

Students under the age of 13 will not be allowed free-time even if written permission is obtained from parents.

13 岁以下的学生不得外出自由活动，即使有家长书面许可也不行。

| | |
|----------------|--|
| Signed: 签名： | |
| Date: 日期： | |

FORM 6: PHOTOGRAPHS AND VIDEO CLIPS

表格 6：照片和视频剪辑

I understand and agree that the School may take photographs or video clips of students during class or leisure activities and that these images may be used in the School's publicity or on its social media sites.

我了解并同意，学校可能拍摄课堂或休闲活动时的照片或视频剪辑，并可能将这些图片用于学校的公开宣传和社交媒体网站。

I consent for images to be taken.

我同意摄制此类图片。

I consent for images to be used in the School's publicity (brochures, website, social media platforms).

我同意将这些图片用于学校的公开宣传（手册、网站、社交媒体平台）。

| | |
|----------------|--|
| Signed: 签名： | |
| Date: 日期： | |

DATA PROTECTION

In May 2018 the General Data Protection Regulation (GDPR) comes into force. In the UK this new law replaces the existing Data Protection Acts. It is the responsibility of all data collectors to inform those whose data is collected the reason(s) for the data collection and how the data will be stored and/or used.

The data collected on this form are collected to ensure the health and safety of students attending Broadstairs English Centre, both in general and with particular regard to potential health issues and medical emergencies.

The data will either be stored in secure filing cabinets (if received in hard copy paper format) or on the School's intranet (if received in electronic format).

The data will not be shared with any third parties (other than medical practitioners in the event of an emergency).

These forms and the data contained within them (whether in hard copy or electronic format) will be destroyed (shredded, paper format; deleted, electronic format) within 7 days of the student leaving the School.

You have the right to make a request asking for details of the data that the School holds about you and how the data is being used and stored. You may also request for your data to be removed.

This document is intended solely for the named recipient and may (when completed) contain confidential information. If you have received this document in error, please send it back to info@broadstairsenglish.com and immediately and permanently delete the original email and any attachment(s) that were received in error. Do not use, copy or disclose the information contained in this document (when completed). For information about how we process data and monitor communications see our Data Handling Policy and Procedures and our Privacy Policy.

数据保护

《一般数据保护条例》（GDPR）于 2018 年 5 月生效。在英国，这个新条例取代了原有的《数据保护法案》。所有数据收集者均有责任向被收集人告知收集数据的原因，以及数据的存储及/或使用方式。

本表格所收集的数据用于确保 Broadstairs English Centre 学生的健康和​​安全，包括一般信息以及关于潜在健康问题和医疗急救的信息。

这些数据存放于安全文件柜（若收到的是纸质资料）或学校内部网（若收到的是电子形式的数据）。

这些数据不会向任何第三方分享（除了在紧急情况下向医疗执业人员披露外）。

这些表格及其中包含的数据（纸质或电子形式）将于学生离校后 7 日内销毁（纸质资料切碎，电子资料删除）。

您有权询问学校持有的与您有关的数据详情，以及这些数据的使用和存放方式。您也可以要求删除您的数据。

本文件仅发给指定收件人，并且（在填写完成后）可能包含机密信息。如您误收本文件，请将其发回至 info@broadstairsenglish.com 并立即彻底删除误收的原电子邮件及其附件。不得使用、复制或披露本文件中包含的信息（若已完成填写）。如需了解我们如何处理数据和监控往来通讯，请参阅我们的《数据处理政策和程序》和《隐私权政策》。

FORM 7: DECLARATION OF CONSENT

表格 7：同意声明

I confirm that the above details are accurate and complete (Forms 1-7).

本人**兹确认**，以上信息均准确完整（表格 1-7）。

I understand that signing each form is consenting to the terms of each form and that not signing any form is a statement of not agreeing to consent to the terms of that form. **I further understand** that not consenting to a particular form may result in the School not being able to accept my child's booking on a course at the School.

本人**了解**，签署表格即表示我同意该表格中的条款，不签署表格即表示我不同意该表格中的条款。本人**亦了解**，若未同意某张表格，有可能导致学校无法接受我的孩子报名参加学校课程。

I agree to the terms and conditions.

本人**同意**上述条款及条件。

I have discussed the agreed arrangements and rules with my child.

我已**与我的孩子**讨论与学校商定的安排和相应规章制度。

| | |
|--|--|
| Signed (parent/guardian) 签名（家长/监护人）： | |
| Date: 日期： | |

I have discussed the agreed arrangements and rules with my parent(s)/guardian(s).

我已与我的父母/监护人讨论与学校商定的安排和相应规章制度。

| | |
|-----------------------------------|--|
| Signed (student): 签名 (学生) : | |
| Date: 日期 : | |

详细联系信息 :

2-4 St Peter's Park Road, Broadstairs, Kent, CT10 1BL, UK

电话 : +44 (0)1843 601536

电子邮件 : info@broadstairsenglish.com

Broadstairs English Centre 有限公司 : 在英国注册, 注册号 7016710

Broadstairs English Centre

Accredited by the
 **BRITISH
COUNCIL**
for the teaching
of English in the UK

 **Quality
English**

ENGLISHUK
member