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TO BE COMPLETED BY PARENTS OF INDIVIDUALS TRAVELLING TO THE UNITED KINGDOM
UNDER THE AGE OF 18:

Name of Participant:

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Date of Birth:

Address and Telephone number of parents whilst he/she is in the U.K:

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EMERGENCY TELEPHONE NUMBER:

.....

I hereby give permission for any emergency medical treatment necessary to be carried out for the well-being
of my child:

Whilst he/she is in the United Kingdom under the responsibility of:

.....

Signed:

Parent/Guardian:

Date: