



Declaration 2010 / ADK / Medical information students under 18 years

In the event of serious accident or illness, the School will inform you immediately, and for this purpose it is essential that you notify the School of the Emergency Addresses and Telephone Numbers during the period of your son/daughter's course as requested.

Please advise us if your son/daughter suffers from any chronic illness, physical disability, allergy or dietary problems, or if he/she needs medication regularly. If regular medication is necessary, please ensure that your son/daughter brings adequate supplies and a legible prescription from his/her doctor.

To avoid the risk of loss, medicines should be carried in hand-baggage, and not in luggage which is checked in for the flight.

Does your son/daughter suffer from any chronic or recurrent illness, allergy or dietary problem?

Does your son/daughter have to take any medication regularly?

Is your son/daughter incapacitated in any way?

Are there any restrictions on your son/daughter's fitness to take part in sports activities?

If you answer yes to any of the questions, please give full details.
sickness or accident

I understand that ADK Augsburgischer Deutschkurse will not be responsible for my son/daughter's safety and conduct when not involved in activities supervised by ADK and that I will be responsible for the arrangements for his/her daily journeys to and from the Centre.

signature of parent/guardian _____

Please complete this declaration and send it by fax or post to ADK:

ADK Augsburgischer Deutschkurse
Schaezlerstr. 8
86150 Augsburg
tel 0049 (0) 821 - 31 49 05
fax 0049 (0) 821 - 31 49 10
adk-sprachinstitut@arcor.de
www.augsburger-deutschkurse.de

Airport transfer

The flight will arrive on the Sunday of course commencement between 08.00 and 18.00 hours, and my son/daughter will use the Airport Transfer commissioned and authorized by ADK from Munich Airport.

| |
|---|
| I wish to reserve a transfer to accommodation. |
| date of arrival time of arrival |
| flight number airline |
| airport of departure |
| airport of arrival |
| |
| transfer arrangements from accommodation on departure |

signature of parent/guardian _____

Declaration 2010 (for summer courses young learners under 18)

Permission to go out without supervision / ADK / young learners under 18)

Age Group 13 - 16

I understand that my son/daughter is expected to attend the complete programme (lessons, excursions and activities). After completion of the programme my son/daughter may request permission to leave the Homestay Accommodation unaccompanied and I accept that neither ADK nor the Homestay Family is responsible for his/her safety and conduct during such periods of absence. I have explained to my son/daughter that he/she must return to Homestay Accommodation not later than 22.00 hours.

signature of parent/guardian_____

Age Group 13 - 16

Although this age group may ask to go out without supervision, **I do not wish my son/daughter to leave the Homestay** Accommodation without supervision, and I have instructed my son/daughter to this effect.

signature of parent/guardian_____

Age Group 13-16

If for any reason you wish to alter the original arrangement for your son/daughter to go out without supervision, we must have your written authority for the change by letter or fax. Emails or verbal messages are not acceptable.

Age Group 10-12

Students under the age of 13 are not permitted to leave the Homestay Accommodation without supervision. I have instructed my son/daughter to this effect.

signature of parent/guardian_____

Age Group 16 - 18

I understand that my son/daughter is expected to attend the complete programme (lessons, excursions and activities). After completion of the programme my son/daughter may request permission to leave the Homestay Accommodation unaccompanied and I accept that neither ADK nor the Homestay Family is responsible for his/her safety and conduct during such periods of absence. I have explained to my son/daughter that he/she must return to Homestay Accommodation not later than 24.00 hours.

signature of parent/guardian_____

Please complete this declaration and send it by post or fax to ADK:

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86150 Augsburg
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