



www.alpha-b.fr

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France

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HEALTH FORM

ACKNOWLEDGMENT OF RISKS

DISCHARGE OF RESPONSIBILITY FOR MINOR CHILD

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN – PLEASE WRITE IN CAPITAL LETTERS

Minor student's name: _____, first name: _____

Date of birth: (day/month/year): _____ / _____ / _____, nationality: _____

Dates of stay: (day/month/year): from _____ / _____ / _____ to _____ / _____ / _____

alpha.b offers students the opportunity to enroll in an international study program. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country.

We, the undersigned, **Father, Mother or legal guardian** (please circle):

last name, first name _____

of the above minor child, are willing to accept the associated risks and agree that our child participates in alpha.b program. We understand that alpha.b cannot guarantee the health and safety of participants in its programme or eliminate all risks from study abroad environments.

Please read attentively, complete and sign this form before the program begins. Students whose parents fail to complete, sign and return this form cannot be enrolled.

VACCINATIONS :

Diphtheria: Yes No

Tetanus : Yes No

Poliomyelitis Yes No

or DT polio Yes No

or Tetracoq : Yes No

BCG : Yes No

Hepatitis B : Yes No

Rubella-Mumps-Measles : Yes No

Whooping cough (Coqueluche) : Yes No

Others (details): _____

CURRENT TREATMENT :

Will your child be taking medication during his/her stay ? Yes No

If yes, please give details : _____

MEDICAL ISSUES :

Has your child already had :

Rubella : Yes No

Chicken Pox (Varicelle) : Yes No

Angina : Yes No

Acute Rheumatoid Arthritis : Yes No

Scarlet Fever : Yes No

Whooping Cough (Coqueluche) : Yes No

Earache (Otitite) : Yes No

Measles (Rougeole): Yes No

Mumps (Oreillons) : Yes No



Others (details) : _____

ALLERGIES :

Asthma : Yes No
Medicinal allergies : Yes No

Food allergies : Yes No
Others : Oui Non

Specify the cause of the allergy and what to do :

STATE BELOW : HEALTH ISSUES (ILLNESS, ACCIDENT, CONVULSIONS, HOSPITALISATION, SURGERY, REEDUCATION, PSYCHOLOGICAL HEALTH) AND PRECAUTIONS TO BE TAKEN.

DOES YOUR CHILD SUFFER FROM EATING DISORDER ? Yes No

If yes, please give details : _____

USEFUL PARENTAL RECOMMENDATIONS : (PROBLEMS WITH PHYSICAL TRAINING, SPECIAL DIET FOR MEDICAL OR RELIGIOUS REASONS, WEARING OF HEARING AID, CONTACT LENSES, ETC...)

We, parents or legal guardian:

1. acknowledge that we have taken out all necessary insurance to cover our minor child during the period that he/she will be staying in France and especially third party insurance, travel insurance, insurance against theft, accidents, health insurance etc. With this we give you the name, the address, the number of the insurance certificate as well as its 24h help line number.

.....
.....

2. understand that our child is under the responsibility of Alpha.b only during class hours.

3. understand that Alpha.b cannot be held responsible for our child's behaviour outside of the school and that Alpha.b cannot monitor our child outside of its premises, even if our child is absent from class. Alpha.b will inform the parents or legal guardian immediately of any unjustified absence. We understand that Alpha.b cannot guarantee the health and safety of our child outside of the school (security, theft etc).

4. are financially responsible for any damage that our child will cause during its stay in France.

5. understand that by registering our child at Alpha.b, he/she participates in a linguistic programme by a language school. Please note that our school is not supposed to be a ' holiday camp for minors '.



6. took cognizance that during his linguistic stay he will have the possibility to enrol and participate in cultural activities which are proposed by the school. These activities are supervised by the personnel of the school* . Museum visits, trips to neighbour cities by bus, train or even by boat (professional companies).

We understand that during these activities there might be some free time (shopping, beach etc.) during which our child will be with NO supervision. We also understand that in case our child enrolls in an activity and decides not to take part without giving notice, alpha.b is automatically discharged from any supervision and liability. Moreover, no refund would be possible for the activity fees.

**The adult-to-child ratios for minors taking part in cultural activities according to standard EN 14804 is 1 responsible adult for 15 minors.*

7. Nice, situated by the sea, offers a lot of watersports attractions. Therefore alpha.b has to be informed if your child is allowed to participate in those kinds of activities which are supervised by professionals.

Please tick off where applicable.

| | |
|-------------------------------------------------------------------|----------------|
| Our child can swim alone more than 25 metres | YES () NO () |
| We authorize our child to a tour on a buoy pulled by a motor boat | YES () NO () |
| We authorize our child to participate in water paragliding | YES () NO () |
| We authorize our child to participate in a diving session | YES () NO () |
| We authorize our child to participate in a sailing session | YES () NO () |
| We don't authorize any of those activities | () |

8. authorize Alpha.b staff or the host family in Nice to take all necessary measures in case of health problems (hospitalization and / or surgical operation).

9. We accept that my son / my daughter can go out unattended until 7 pm.

Please tick off where applicable...

- () I authorise my son / my daughter to go out on school days until pm (**not later than 11 pm**),
- () at weekends (Friday and Saturday) until..... pm (**not later than 12 pm**).
- () I **do not** authorise my son / daughter to go out on school days.
- () I **do not** authorise my son / daughter to go out at weekends (Friday and Saturday).

Although against our formal recommendation, you still have the possibility to authorise your child to go out with no time restriction.

Please note that if you allow your child to go out without time restriction, neither the host family nor the school verifies at what time your child comes back home and where and with whom your daughter/ son is spending the night.

- () I authorise my son / daughter to go out **without time restriction** on school days. *
- () I authorise my son / daughter to go out **without time restriction** at weekends (Friday and Saturday).

10. understand that our child's host family in Nice cannot be held responsible for our child's behaviour outside of the apartment and that the host family cannot watch over our child outside of the apartment. The host family will inform alpha.b of any misconduct or failure to follow the curfew. We understand that the host family cannot guarantee the health and safety of our child outside of the apartment and if our child fails to follow the curfew.

11. Photographs and videos of participants, and therefore of our child, may be made during the stay and used in all the publicity material of the organization (brochures, leaflets, website and social media accounts held and managed by the organization). The use of such photographs and videos is accepted in advance by the participant or their legal representatives if they are not of age. Photographs and/or videos shall not be given to third parties, sold or used for purposes and usages other than as stated above. They shall not give rise to remuneration in the event of use. The publication or diffusion of images of the participant and the captions and comments accompanying such publication shall not harm their dignity, privacy or reputation.

We agree We don't agree

13. note that in respect of data protection, alpha.b guarantees that our data shall be processed in accordance with the legislation applicable to privacy and data protection. Data may also be processed for the purpose of contacting us or informing



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us of the programs and services offered by alpha.b. We have the right to oppose the processing of personal data for the purposes of direct marketing, on demand and free of charge, and have the right to access and rectify our data. (Minors must be represented by their parents or legal guardians). To exercise our rights, we can contact alpha.b in writing at 2 rue d'Angleterre – 06000 Nice - France

14. Complaints relating to the stay of a minor (age below 18)

Even if alpha.b takes every step to facilitate exchange and discussions, (including in the mother tongue if necessary via a questionnaire at the start of the stay and a personal interview on the first day during the ability test to make sure that all the arrangements are adequate, particular attention from teachers and coordinators etc.), we know that:

Any problem relating to the program chosen must be reported during the stay to allow rapid action by the management of alpha.b and its staff. Consequently, the minor and/or their parents are responsible for immediately informing the persons responsible for the center of any incident or misunderstanding occurring during the stay.

Problems of incompatibility with the host family, for example (integration problems, lifestyle, food etc.) must imperatively be reported on the spot, during the stay, as early as possible. This may be done by the minor, or, if "they don't dare to", by their parents. In that case, a change of family may be envisaged, only after making sure that it is necessary.

Any problem relating to lessons must be reported to the teacher or course manager, or to the director. No complaints about the family, the lessons or the stay in general shall be entertained after the pupil's return if they have not been mentioned during the stay.

After the stay, any complaints made during the stay shall be sent by recorded delivery with acknowledgement of receipt and shall only be acceptable within the reasonable time of a month following the return.

15. agree that alpha.b undertakes all the necessary if our child fails to follow the curfew, the safety regulations or the rules of conduct during his/her stay in France, knowing that we will be responsible financially and legally of our child's behaviour (repatriation fees as well as all expenses involved for our child's trip back home will be paid by us). We agree not to pursue legal action against the school or the host family and not to claim any reimbursement of tuition and accommodation fees.

16. acknowledge that we have read the general terms and conditions of sale as well as the mentioned points of this form and accept them all.

Parents' or legal guardians' signatures,

Father

Mother

Legal Guardian

Date:



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Imperatively to complete:

- Address, **phone number** and email address where we can contact you **24 hours a day** during your child's trip abroad

phone : _____ or _____

Your child's mobile phone number: _____

email : _____@_____

Please attach a copy of your child's passport.

Note: Students whose parents fail to complete, sign and return this form will not be allowed to start the programme in alpha.b.



Safety instructions to read carefully with your child before the arrival in Nice

A parent or tutor, you can contact us at any time concerning health or security questions of your child. During school opening hours (Monday to Friday from 8.30 to 17.30) please call the school office at +33 (0) 4 93 16 00 36.

Outside these days and hours, you can reach the school's emergency phone at +33 (0) 6 10 14 47 69

I'm ill, I don't feel well, another person is feeling sick, etc...

I'm at the alpha.b school

I inform my teacher or the alpha.b administration

I'm in my host family

I speak first to my host family. If they are not in, I call the school's emergency no. : +33 (0) 6 10 14 47 69

or :

Fire brigade, phone : 18 / Police, phone : 17 / Emergency Doctor, phone : 15 / SOS from your mobile : 112

SOS médecin, phone: +33 4 93 85 01 01, emergency room of the Hôpital Pasteur, 30 voie Romaine Dévoluy Tél. : +33 4 92 03 77 77

I'm on my own

I call the school's emergency no. : +33 (0) 6 10 14 47 69

or :

Fire brigade, phone : 18 / Police, phone : 17 / Emergency Doctor, phone : 15 / SOS from your mobile : 112

SOS médecin, phone: +33 4 93 85 01 01, emergency room of the Hôpital Pasteur, 30 voie Romaine Dévoluy Tél. : +33 4 92 03 77 77

I just need to see a doctor, a dentist, etc ..

I talk to the directors, the school administration or to my host family

There is a fire, a serious emergency...

I'm at the alpha.b school

I listen to my teacher and follow his instructions. If I'm not in class, I quickly leave the building without panic..

I'm in my host family

I inform my host family and leave the building or house quickly but calmly.

Fire brigade, phone : 18 / Police phone. : 17 / SOS from your mobile : 112

I'm on my own

I contact

Fire brigade, phone : 18 / Police phone. : 17 / SOS from your mobile : 112

I'm being attacked or I'm feeling unsafe

I contact

Fire brigade, phone : 18 / Police phone. : 17 / SOS from your mobile : 112

I also inform my parents in all these cases!