

OVERSEAS PROGRAMME CONSENT FORM

Trip Title	Poly Forum	Trip ID	TP1314
Trip Start / End	16 September 2015 - 18 September 2015	Project ID	A1763
Country	Malaysia, Johor Bahru		
Organising School/ Division	Student Development & Alumni Relations Office		

STUDENT'S PARTICULARS

Name			
Student ID		NRIC No.	
Course		Year	
Mobile No.		Home No.	
Email			
Address			
Medical Conditions (if any):		Drug Allergies (if any):	

PARENT'S / GUARDIAN'S PARTICULARS

Name		Relationship	
Mobile No.		Home No.	
Emergency contact if the parent/ guardian is uncontactable:			
Name:		Contact No.:	

STUDENT'S ACKNOWLEDGEMENT

I wish to participate in the above activity. I understand that the Polytechnic takes measures and puts in place precautions to ensure the safe conduct of all programmes and activities. It also has in place emergency handling procedures in the event of any incident. However, I agree that safety is everyone's responsibility. I will cooperate with the Polytechnic, its staff and its agents and comply with all health and safety instructions issued through or by them at all times. It is my personal responsibility to inform the Polytechnic's event organizers of any mental or physical health condition that may affect my participation in any event before my participation. At all times, I will make safety my first priority. I understand that NP reserves the right to retract the subsidy for the Overseas Programme, in the event that I fail to complete or choose to terminate the Overseas Programme before the stipulated completion date. I will have to refund full costs including any subsidies that NP had paid on behalf for me if I withdraw from my confirmed Overseas Programme.

Signature of Student

Date

PARENT'S CONSENT

I consent to my child's/ ward's participation in this Overseas Programme organized by NP. I have explained to my child/ ward the importance of knowing and abiding by all NP directives, rules, regulations, and procedures, including all directions issued by NP staff and its agents, for the safety of all participants. In an emergency situation, the Polytechnic shall seek medical assistance for my child while attempting to contact me or the emergency contact stated. I confirm that all the information provided here is true.

Signature of Parent/ Guardian

Date