



MILC Parent/Guardian Consent Form

(For Students Aged 12–17 Living in MILC Boarding Residence)

Parent/Guardian Details

- Full Name: _____
- Relationship to Student: _____
- Email: _____
- Phone Number (incl. international code): _____

Consent Information

I, the undersigned parent/legal guardian of the above-named student, hereby confirm and consent to the following arrangements for my child while they are under the care of MILC and attending the educational program delivered at the above-named campus.

I understand and agree that:

For Students Aged 12–17 Years ONLY:

- ☐ I give permission for my child to travel from the MILC boarding residence to education providers using public transport without an adult present, for the purpose of attending classes.
- ☐ I give permission for my child to return from education provider to the MILC boarding residence, using public transport without an adult present, after their classes and school activities.
- ☐ I give permission for my child to leave the education provider's campus during allocated lunch breaks to purchase food at a nearby outlet, without an adult present.

For Students Under 12 Years (if applicable, fees may apply):

- ☐ I acknowledge that my child must be accompanied by an adult when travelling between the boarding residence and the campus.

Excursion & Activity Participation

- ☐ I give permission for my child to participate in all supervised excursions and organised activities coordinated by MILC or the education provider, including sporting events, cultural outings, or recreational programs both on and off site.

Medical & Emergency Consent

- ☐ In the event of a medical emergency, I authorise MILC staff or campus personnel to seek appropriate medical attention for my child if I cannot be reached in time.
- ☐ I give permission for MILC staff to administer essential medications or basic pain relief (such as paracetamol or ibuprofen) as needed in the event of illness or injury, unless otherwise specified in my child's medical records.
- ☐ I understand that all medication administration will be documented and communicated to me as soon as practical.

Emergency Expenses Consent

- ☐ I agree that in the event of an emergency, MILC may make decisions regarding essential expenses on behalf of my child (e.g. urgent transport, medical costs, overnight accommodation, or other safety-related costs).
- ☐ I understand that any such expenses will be communicated to me immediately, and I agree to reimburse / billed by MILC for any reasonable and documented costs incurred on my child's behalf.

Declaration & Signature

I understand that these permissions will remain in effect for the duration of my child's boarding with MILC unless otherwise withdrawn in writing. I confirm that all the information provided is accurate to the best of my knowledge.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____