

**PARENTAL CONSENT FORM**  
(For students under 18 years of age)

<b>Student Details</b>	
<b>Name of student:</b>	
<b>Student Application ID or Student Number</b>	
<b>Course of Study:</b>	
<b>Please provide any additional information which may be useful to help this student's transition to University.</b>	<p style="text-align: center;"><i>Please note: this information will be held in Student Affairs and only shared with other Services as necessary.</i></p>

- I understand and accept that Queen's University Belfast cannot accept full parental responsibility for my child
- I consent to Queen's University Belfast acting on medical evidence in the best interest of my child. This includes authorising emergency medical treatment if it is not possible to contact a parent / guardian, named emergency contact or an appointed UK Guardian and where my child is not in a position to make their own valid decision regarding treatment
- I consent to Queen's University Belfast acting on my behalf in any dealing with the police, either as a victim or alleged perpetrator of a criminal act, where it is not possible to contact a parent / guardian, named emergency contact or an appointed UK Guardian
- I understand and accept that Queen's University Belfast is an adult environment and that my child will generally be treated as an adult
- I agree to the living arrangements of my child, and understand and accept that my child may be living in accommodation which is not segregated by age or gender
- I understand and accept that Queen's University Belfast internet and email services are provided on the principal of unrestricted access
- I agree to accept liability for all my child's debts to Queen's University Belfast
- I understand and accept that while studying at Queen's University Belfast, my child will be subject to UK law, the rules and regulations of Queen's University Belfast

## Nominated Emergency Contact

(This person should be living in the United Kingdom and over the age of 21 years)

*These details will be held on record by Student Wellbeing. All students are also requested to provide emergency contact details as part of their registration with the University, on the student information system. In an Emergency, please contact:*

<b>Nominated Emergency Contact Name:</b>	
<b>Telephone number:</b>	
<b>Mobile number:</b>	
<b>Email address:</b>	
<b>Address:</b>	

## Guardianship:

I have appointed the following to have guardianship of my child while they are studying at Queen's University Belfast and are under the age of 18:

**This is strongly recommended, particularly for students who will remain under 18 in second semester and are not living with their parent or legal guardian.**

<b>Guardianship Name/ Organisation:</b>	
<b>Telephone number:</b>	
<b>Email:</b>	
<b>Address</b>	

*Please note that confirmation of a student residing with a parent or legal guardian, or a private fostering arrangement assessed by Social Services, is a requirement for students who will be under the age of 16 on their first day of studies.*

## Declaration:

I have read and accept the above conditions.

<b>Name of Signatory (parent or guardian)</b>	
<b>Relationship to Student (e.g. mother, father, legal guardian)</b>	
<b>Signature (or type name if returning via email)</b>	
<b>Date:</b>	