

## Irish Student Leadership Conference 2011

### Application and Consent form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Age: \_\_\_\_\_ School Year: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

### CONTACT DETAILS OF PARENT OR LEGAL GUARDIAN

(Please print)

Name:	Relationship:
Daytime Phone #:	Evening Phone #:
Mobile Phone #:	E-mail Address:

### Conference Details: Held at the University of Limerick

**Conference Fee:** £350 (Please make cheque payable to Operation Smile UK enclosed with application form)

*This fee includes accommodation, breakfasts, lunches, dinners and workshops for the duration of the conference.*

**Check In Time:** Monday, July 11th, Noon to 4pm.

**Check Out Time:** Friday, July 15th, 9am-Noon.

UK Students are required to arrange their own flights to and from Shannon Airport where they will be met by a Student Sponsor. ***Participants will need to arrange their own travel insurance.***

<b><u>Emergency Contact information (if different from parent/guardian)</u></b>	
Name:	Relationship:
Daytime Phone Number:	Evening Phone Number:
Mobile Phone Number:	E-mail Address:

**You will require a passport to travel to Ireland. Your Passport must be valid for the duration of the conference.**

***If you do not have a valid passport, please take the proper steps to obtain one immediately.***

Due to new Transportation Security Administration requirements it is extremely important that you:

- \*\* list your name exactly as it appears on your passport,
- \*\* Circle gender
- \*\* list your birth date by Date/ Month/Year

**Last Name:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Gender:** M or F  
**Date Issued:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

*The following information is optional but may help us expedite care in an emergency.*

<b><u>Medical information</u></b>	
<b>Health Concerns (list any allergies, medication, ailments, special needs, including dietary):</b>	
<b>Current Prescription Medication (list name, frequency and dosage):</b>	
Please delete any of the following medicines you would NOT wish your child to be given, if felt appropriate by staff members or adult volunteers: <ul style="list-style-type: none"> <li>• Paracetamol / Ibuprofen / throat lozenges / Cough Syrup / Antacid Tablets / Antihistamine Cream</li> </ul>	
<b>Family Doctor:</b>	<b>Phone Number:</b>
<b>Insurance Company:</b>	<b>Policy Number:</b>

***It is the responsibility of the parent/guardian to inform Operation Smile of any changes to the above.***

## Consent form

I understand that the programme of activities will have competent adult supervision and reasonable and appropriate measures will be made to minimise the risk of accident and/or injury for all participants. However in the unlikely event of an accident I hereby consent and authorise any staff members/adult volunteers to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures and to arrange for any necessary transportation.

This consent and authorisation also includes the right to request, review and receive any oral or written information regarding my self/child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member or adult volunteer from any liability as a result of that staff member or adult volunteer who is acting in good faith and is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold Operation Smile, nor any person or affiliate organisation associated with the event, responsible or liable.

I am hereby advised that photographs or videos of participants may be taken during this event and used in publications, websites or other materials produced from time to time by the Operation Smile. I understand that if I do not wish to have photographs or video used that I must specify this in writing. I understand that Operation Smile have no control over the use of photographs or video taken by other participants or the media that may be covering the event.

I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for \_\_\_\_\_ to participate in the **Irish Student Leadership Conference** between the 11<sup>th</sup> and 15<sup>th</sup> July at the University of Limerick, Ireland. I hereby grant permission for nonprescription medication (such as paracetamol, ibuprofen, throat lozenges, cough syrup, Antacid Tablets, Antihistamines etc.) to be given to child if deemed advisable and as indicated above.

Signed: \_\_\_\_\_ (Student) Age \_\_\_yrs Date \_\_\_\_\_

**If under 18 form must be signed by Parent/Guardian.**

Signed: \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_

A further conference packet will be posted nearer the date. Please contact Sophie Garbarino, Volunteer Coordinator, either via email at [volunteers@operationsmile.org.uk](mailto:volunteers@operationsmile.org.uk) or via phone on 0844 581 1110 if you require any assistance in making these arrangements.

We encourage all students to join and correspond via our Facebook page, [www.facebook.com/operationsmileuk](http://www.facebook.com/operationsmileuk) to view Conference video clip and updates online.

Please return completed application forms along with registration fee to:

**Student Programs,**  
Unit 15, The Coda Centre,  
189 Munster Road, Fulham,  
London SW6 6AW