

## Parental/Guardian Consent Form for Ranum Bubble for stranded UWC Students

I hereby authorise the participation of my child/ward in Ranum Efterskole College's Ranum Bubble for Stranded UWC Students:

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

### Furthermore, in relation to Medical Treatment

In my absence, I designate any teacher at Ranum Efterskole College to make any medical decisions or to participate in the treatment of my child/ward:

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
(day / month / year)

I furthermore authorise the medical staff at:

\_\_\_\_\_ to carry out any medical procedures and treatment that are deemed appropriate. This consent will stay in effect from the date signed until the parent/guardian revokes the consent in writing.

### Parent / Guardian information

Parent / Guardian Name: \_\_\_\_\_

Phone number (day): + \_\_\_\_\_

Phone number (evening): + \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*A copy of the parent(s) /guardian's passport is attached to this form.*

In case of questions, please contact Ms. Birthe Petersen (she/her) at [bp@ranumefterskole.dk](mailto:bp@ranumefterskole.dk) or call +45 9666 4400 within normal business hours (CET Monday -Thursday 8:30 - 16:00, Friday 8:30 - 15:00).