

Tel: +254 (0)722 204 413 info@brookhouse.ac.ke

RSIC2023 GENERAL PERMISSIONS AND INDEMNITIES

I	(Parent/ Guardian's full name)
bei	the parent legal guardian of
	(Child's full name)
her	у
1.	acknowledge the risk involved for my child in attending this conference and hereby release Round quare, the Conference Host Schools, and any individual involved in the hosting of the conference from my and all liability resulting in any injury and/or loss of life and/or loss of possessions and/or any and ll damages arising from any cause whatsoever in connection with any aspect of the conference, including, without limiting the general foregoing, travel to/from the conference venues, provided towever that this waiver and release shall not apply in the case of negligence or wilful misconduct on the part of anyone involved in the conference.
2.	acknowledge that, whilst reasonable care is taken for each delegate's safety, health and general
	velfare, there is an inherent risk involved in overseas travel, and in participating in the sort of dventurous activities that will be an integral part of the conference experience. I understand that these will be minimized by staff training, and briefings, and by application of Brookhouse School's Health and afety Policies, Risk Assessments and Incident Management plans, and those of Conference Venues and activity Providers. However, I understand that residual risks of personal accident will inevitably remain.
3.	dventurous activities that will be an integral part of the conference experience. I understand that these vill be minimized by staff training, and briefings, and by application of Brookhouse School's Health and afety Policies, Risk Assessments and Incident Management plans, and those of Conference Venues and



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RSIC2023 TRANSPORT PERMISSIONS AND INDEMNITIES

Please complete the Transport Permissions form below to cover all ground transport in Kenya arranged by Brookhouse School from airport arrivals pick-up at JKIA on 8th October to drop-off on 14th October.

T	(Parent/ Guardian's full name)
being the parent legal guardian of	
	(Child's full name)
hereby agree to my child being transported from the arrivals airport to land from there to onward activities, wherever in they are, and back to the	
I understand that if my child's school has made alternative arrangements to either before the conference or after the conference, in these instance arranging transport, but this will be the responsibility of my child's school	es Brookhouse School will not be
I understand, and my signature below confirms my understanding, that m ways (please tick all four of them to acknowledge and give consent):	ny child may be transported several
 AIRPORT TRANSFER - Buses, coaches, school vehicles and minibuses Brookhouse School and/ or a third-party provider to Brookhouse Schairports for arrival to, and departure from, the Conference. 	
 ACTIVITIES - Buses, coaches, school vehicles and minibuses operated and/ or a third-party provider to Brookhouse School, throughout the excursions to venues and sites during planned Conference activities. 	e week for visits and
 NATIONAL PARK – Buses operated by Brookhouse School and/ or a t Brookhouse School, to and from, and within Nairobi National Park for adventure, team building and bonding activities. 	
 COMMUNITY SERVICE – Buses, coaches, school vehicles and minibus Brookhouse School and/ or a third-party provider to Brookhouse Sch from, different Brookhouse School service partners (where students refurbishing classrooms, painting walls, murals, planting trees and cl 	nool, for travel to, and will be working on
Signature of Parent/ Guardian:	
Date:	



Signature of Parent/ Guardian:

Brookhouse Schools Magadi Road, Langata P O Box 24987 Nairobi 00502 Kenya off Langata Road Tel: +254 (0)20 243 0261-6

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RSIC2023 MEDIA PERMISSIONS AND RELEASE

Please complete the media permissions and release form below in full and sign at the end of the document. The first section (A) must be completed by the student delegate who will be attending the Round Square International conference in October 2023 in Kenya and section B by that student's parent or guardian.:

Please note that this form is only applicable to official photography organised by Brookhouse School or Round Square and does not cover delegates and their friends taking photos of themselves, or delegates' schools taking photographs. This is not something over which we have control.

To be completed by the Student delegate I consent to being photographed and/or filmed and/or recorded (audio) YES NO during the RSIC2023 and I understand that these images may be used by Round Square, or Brookhouse Schools for publicity, including, but not limited to, social media, website, printed marketing material and in the media. I agree to photographs and film and audio recordings of me at the conference being used in this way. If you answered "no" above, please tick here to confirm that you understand that it is your responsibility to remove yourself from situations in which photographs or film is being taken, and make it known that you do not wish to be photographed. This will include all official conference photographs and the official conference video. Signature of Student Delegate: Date: To be completed by the Parent/ Guardian I consent to my child being photographed and/or filmed and/or recorded YES (audio) during the RSIC2023 and I understand that these images may be used by Round Square, or Brookhouse Schools for publicity, including, but not limited to, social media, website, printed marketing material and in the media. I agree to photographs and film and audio recordings of my child at the conference being used in this way.

Date:



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RSIC2023 DELEGATES' CODE OF CONDUCT

Whilst attending a Round Square Conference, you will be acting as an ambassador for Round Square, and, more specifically, for your school and country. It is important that you are, at all times, respectful of the peoples, cultures and traditions of the country you are visiting. These may be very different from your own, and we ask that you meet a new cultural experience with an open mind and a readiness to participate fully. To help with this it is important that you are aware of the code of conduct below. We also ask that you remember that it is likely there will be some differences in the laws and customs of the host country, compared to expectations in your home country.

For the RSIC2023 in Kenya, we ask that our Conference Delegates:

- abide by the customs, regulations and laws of Kenya at all times during the conference;
- be ready to fulfil requests and follow instructions from your Baraza Leaders and student and teacher hosts, and to meet your responsibilities as a delegate, in particular by joining in, by being on time, and by being where you are supposed to be, at all times;
- participate positively, and fully, in all group meetings and activities, with flexibility, patience and openmindedness, in the face of new and challenging situations;
- actively listen, and show due respect to, keynote speakers and Baraza Leaders, and any adult leading an activity, including switching off mobile phones during keynote speeches;
- aim to work, and live, respectfully with others in your group, with your host family, at Brookhouse School, and at all other times during the Conference proceedings;
- avoid public displays of affection, or romantic relationships, or becoming involved in any exclusive behaviour, including forming cliques, or isolating yourselves from the group in any way;
- respect Round Square's ban on consumption of alcohol or smoking by student delegates, whether underage or not, and zero tolerance for consumption of recreational drugs by any delegate;
- use a common language (usually English) when groups of different nationalities are together;
- report any illness or any injury to the adult on duty at once;
- respect the authority of the adults from your school delegation, those leading activities at the conference or those involved in my homestay.

I understand this Code of Conduct, having reviewed and checked that I understand it. I will abide by it during the RSIC2023. I understand that serious breaches of the Code of Conduct will likely result in me being sent home early from the Conference.

Signature of Student Delegate:	Date:



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RSIC2023 STUDENT DELEGATE MEDICAL INFORMATION, PERMISSIONS FOR TREATMENT AND WAIVERS

Please read through this form with your parent/ guardian and, with their assistance, complete the medical information, permission for treatment and waivers in full and sign at the end of the document. Please also ask your parent/ guardian to sign. This document needs signatures from you both.

This signed form will be uploaded to the Conference organiser's secure and confidential cloud, to be shared only with medical professionals and those adults closely responsible for the health and welfare of delegates during their time at the Conference. Please fill it in as fully as possible.

We recommend that delegates visit a travel medicine/ vaccine specialist or a doctor familiar with travel medicine at least 6 weeks before they travel. Your doctor will be able to provide information, answer any questions, and make specific recommendations about staying well during your trip, and any precautions to take.

Data of Birth

Tour Name.						
Your School:		Nationality:				
EMERGENO	MERGENCY CONTACT DETAILS Name of your Parent/ Guardian: Their email Address: Phone Number (inc. country dial code) Residential Address:					
Name of your F	Parent/ Guardian:					
Their email Add	dress:					
Phone Number	(inc. country dial code)					
Residential Add	dress:					
THE BASIC	S					
Do you have ar	ny of the following?					
Asthma	YES NO		Migraines	YES	NO	
Epilepsy	YES NO		Hay fever	YES	NO	
Diabetes	YES NO		Other Allergies	YES	NO	



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If you ticked YES to Asthma, Epilepsy, Diabetes, Migra categorised condition (i.e. one that is recurring and/ information here (including any remedies that are tal	or managed by medication) please provide more
YOUR MEDICAL INSURANCE	
Who is your Health Insurance Provider?	
What is your Policy Number?	
Their contact phone number (with international dial code)	
Their email address/ live chat link	

YOUR IMMUNISATIONS/ VACCINATIONS

Please TICK IF YOU ARE FULLY VACCINATED and enter most recent immunisation date for each vaccine (if known), even if it is approximate year. This is so that we know if you are up to date, or, conversely if you might have a reaction to a vaccine you have received recently:

Immunisation	V	Most recent date	Immunisation	V	Most recent date
Covid			Diphtheria		
Polio			MMR		
Hepatitis A			Typhoid		
Hepatitis B			Tetanus		
BCG			Meningitis		
Yellow Fever			Chicken Pox		



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ANY CURRENT ISSUES OR TREATMENT

Are you currently undergoing any type of medical treatment?	YES	NO	
If YES please explain what that treatment is and/or tell us about any other medicates the conference organisers/ medical support for the conference to be aware of	cal issue you	would like	
Are you currently taking any regular medication that you will/ may still be taking at the time of the Conference?	YES	NO	
If YES please tell us what you are taking and in what dosage and frequency?			
Are you able to self-medicate, and do you have your parent's consent to do so? (confirmed by signature at the end)	YES	NO	
If YES please tell us which medicine(s) you will be self-medicating and how/ what liquid, tablets, sprays, injections etc.)?	t form it take	s (e.g.	
Consent for self-medication confirmed by			
Signature of Parent/ Guardian:	Date	:	



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Are you currently under the care of a therapist counsellor or psychiatrist?	YES	NO
Is there any relevant psychological information you would like to share with us, i in looking out for your mental health and welfare during the Conference?	n confidenc	ce, to assist us
Have you recently undergone any energtions or are you recovering		
Have you recently undergone any operations or are you recovering from any significant injuries (e.g. broken bones)	YES	NO
Please give any details you are happy to share with us		
Have you recently had COVID or any other illnesses that might leave you less-able to participate fully in more energetic conference activities	YES	NO
Please give any details you are happy to share with us		



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Do you have any long term or short term physical impediments or needs that mean you require particular/ special support?	YES		NO	
Please give any details you are comfortable sharing with us about any physical im	pedime	nts you	ı have	
Is there anything else you want to tell us about your health, wellness and us in looking after you during your stay with us in Kenya?	wellbeir	ng that	t will ass	sist



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CONSENT FOR MEDICAL TREATMENT WHILST ATTENDING THE RSIC2023

It may be necessary to treat you/r child for illness or ailments during the conference. Ple boxes on the right to agree to each of the following (write NO if you disagree), and sign a		Student	Parent/ Guardian
I give consent for me/my child to be treated in the case of minor injuries / ails. This could include the administration of paracetamol, ibuprofen, or antihistar	ments.		Guaruran
I give consent for me/my child to receive medication as instructed and any endental, medical or surgical treatment, including anaesthetic.	nergency		
In the event of an emergency I give consent for me/my child to receive a bloc transfusion, if considered necessary by the medical authorities present.	od		
I give consent for me/my child to be resuscitated if required.			
I confirm that I have provided all important medical information and importain information for my/my child's wellbeing to the best of my ability above.	nt		
I agree to pay all medical and dental expenses incurred on behalf of my child.			
Signature of Student Delegate: Signature of Parent/ Guardian:	_ Date:		
CONSENT FOR SHARING YOUR PERSONAL DATA			
The personal and sensitive data provided on this form will only be used for the during the Round Square International Conference 2023 (taking place in Keny October 23).			
Data collected from you that specifically relates to your participation in this Conf know basis, with Brookhouse School Staff who are involved with hosting conferent that has been commissioned by Brookhouse Schools to deliver part of the confermedical professionals, and/or with your child's own school. Other than for these p provide, to any company or organisation, any information collected from collection its required to do so by law, Court Order by the Governme	nce and/or we rence experi ourposes, Bro onference d	rith a third- ence and/o ookhouse So elegates th	party provion r with train chools will r nat persona
Please sign below to confirm that you understand, and consent to, your data being	used in this	way:	
Signature of Student Delegate:	Date:		
Signature of Parent/ Guardian:	Date:		