



**CONSENT FORM FOR STUDENTS WHO ARE UNDER THE AGE OF 18 DURING THEIR COURSE CHANGING
EMERGENCY CONTACT DETAILS**

SECTION A (To be completed by the parents/guardians of all students under the age of 18)

Name of Student: _____

Date of Birth: _____ **University of Leicester Number:** _____

Course Information: _____

EMERGENCY CONTACT INFORMATION

In the unlikely event of an emergency involving this student after they enrol at the University and before they reach the age of 18, please provide contact details below. These details will be used in line with our Student Emergency Contact Protocol (<https://www2.le.ac.uk/offices/sas2/studentrecord/student-emergency-contact>).

Name: _____

Relationship to Student: _____

Address: _____

Telephone: _____

Mobile phone: _____

Email: _____

I hereby confirm that I have read and accept the conditions outlined in the [Policy for Students Under the Age of 18 Years](#). I accept that the University will not act *in loco parentis* for the student.

Name of Signatory: _____

Relationship to Student: _____

Signed: _____ **Date:** _____

By signing this document, you are confirming that you are the Parent/Guardian of the above named student and consent for the details above be updated.

Please return the completed form to:
Student Services Centre, University of Leicester, University Road, Leicester, LE1 7RH
OR email it to studentservices@le.ac.uk