

# Student Exchange Program Consent Form

## Student Information

Full Name

Student ID

Date of Birth

Contact Number

Email Address

Current Address

## Parent/Guardian Information

Full Name

Contact Number

Email Address

## Exchange Program Details

Program Name

Host Institution

Start Date

End Date

## Consent

I hereby give consent for my child/ward to participate in the above student exchange program.

I acknowledge and accept the travel, accommodation, and supervision arrangements made by the school/institution.

In case of emergency, I authorize medical treatment for my child/ward as deemed necessary.

Additional Information/Notes

Parent/Guardian Signature

Date