



**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](mailto:studentservices@le.ac.uk)