**Parental/guardian consent form**

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| FIRST NAME |  |
| LAST NAME |  |
| HOME ADDRESS |  |
| NAME OF THE SENDING SCHOOL |  |

The signing of this form by the parent(s)/guardian(s) before the start of the activity is an absolute condition for participation. If you need further information or wish to discuss this consent form please get in touch with the Contact Person at the sending school. The priority is to ensure the safety of all participants at all times and your full cooperation is essential in this regard.

***As a parent/guardian of the above student,***

- I hereby give my consent to his/her participation in the above Erasmus+ long-term Individual Student Mobility, including preparation and follow-up activities;

- I confirm that I have received adequate information concerning the Erasmus+ long-term Individual Student Mobility and the practical details of the exchange, such as information on the grant, the insurance and the preparatory sessions, and have received the documentation on the possible Emergency and Contingency situation management;

- I declare that I have provided accurate and appropriate information on the health condition as well as any special requirements of my child on the Student application form and the Health form. I agree to inform the Contact Person at the sending school of any change in this information occurring between the date of signature of this form and the end date of the stay (day of departure from the host country);

- I agree that my child during this stay will be under the authority of, and be responsible to, the appointed Tutor at the host school and the host family;

- My child is aware of the rules of conduct agreed between the sending and host school for the stay and is familiar with the emergency procedures, and they will act in accordance with them;

- I accept that it may be necessary to send my child home earlier in the following circumstances:

1. In case of a serious breach of the following rules:
   * Attending school is compulsory. The student is required to participate fully in school activities and to complete all assignments and school work.
   * Abuse of alcohol and use of drugs is strictly forbidden.
2. If the child displays behaviour that is deemed inappropriate or offensive to the host community, endangers himself/herself or other people, or causes damage to property
   * For medical reasons

I furthermore acknowledge that in case of (1) and (2), this will happen at my responsibility and cost;

- I agree to my child receiving necessary medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present;

- I agree that the envelope containing the Health form (Part 2) can be disclosed to a doctor treating my child while on the programme where medically necessary. If necessary, I agree to communicate all relevant information relating to the health of my child to the host school and the host family.

- I agree to keep all personal data concerning host family confidential.

- I agree that the sending school will communicate the data concerning my child included in the Student Application Form to the host school, and that the host school will transmit the relevant data to the family which will host my child. All the personal data will be treated as confidential.

- I understand that photographs and film and video footage (the images) of current and former exchange student are occasionally used by the partner organisations of the project consortium, the European Commission and/or the National Agencies in promotional materials. By signing this Parental Consent Form, I grant to the above mentioned subjects the right to use, publish and/or reproduce excerpts from images and/or videos of the students taken in the framework of the mobility programme.

Signature and date:

I do not agree to such use of the photographs, films and video footages of my child.

Signature and date:

- I authorise the host family for my child to sign any authorisation required by the school for my child to participate in any school-sponsored activities, events or programmes.

- I am aware that the sending school receives a grant to cover costs related to the student mobility. International travel will be organised by the school and covered by the grant. I understand that my child must give to the school all evidence related to travel expenses (invoices, boarding passes, used travel tickets). I understand that the travel costs will not be reimbursed if the relevant evidence cannot be provided.

- I am aware that my child is entitled to a monthly allowance. The monthly allowance is a contribution to costs incurred during the stay abroad such as costs for school books, local transport, school excursions etc. The student must keep all receipts to justify the use of the monthly allowance. I understand that this part of the grant will be transferred to me (to be transferred to my child) or directly to my child by the sending school. I am aware that, in case of early return of my child, the allowance for the remaining period will need to be reimbursed to the school.

Agreed and accepted by:

Place:

Date:

(Parent/Guardian) Name in capital letters: Signature:

(Parent/Guardian) Name in capital letters: Signature:

Place:

Date:

(Student) Name in capital letters: Signature:

Contact details of the parent/guardian:

Name:

Address:

Telephone:

Mobile telephone:

E-mail address: